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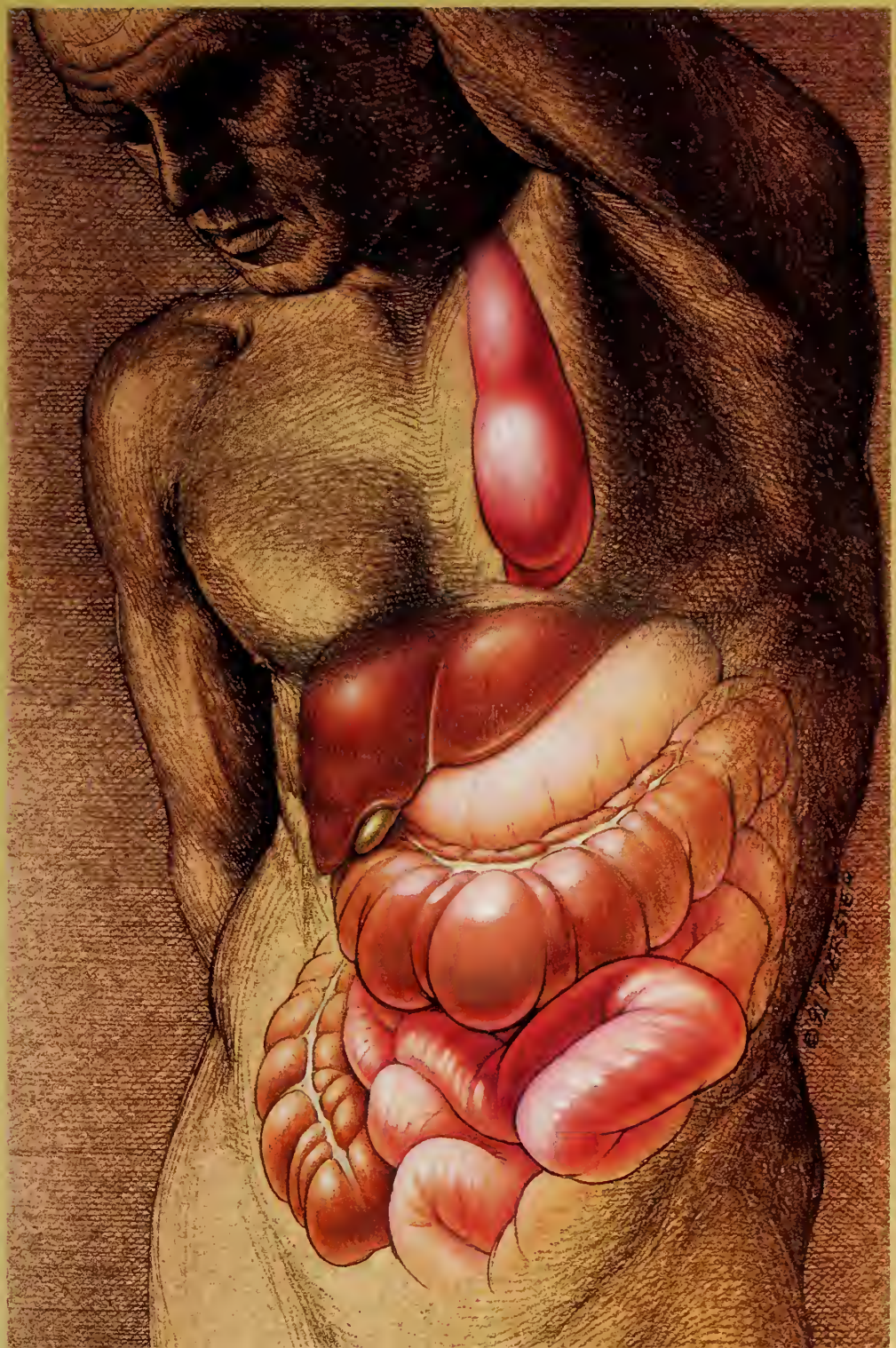
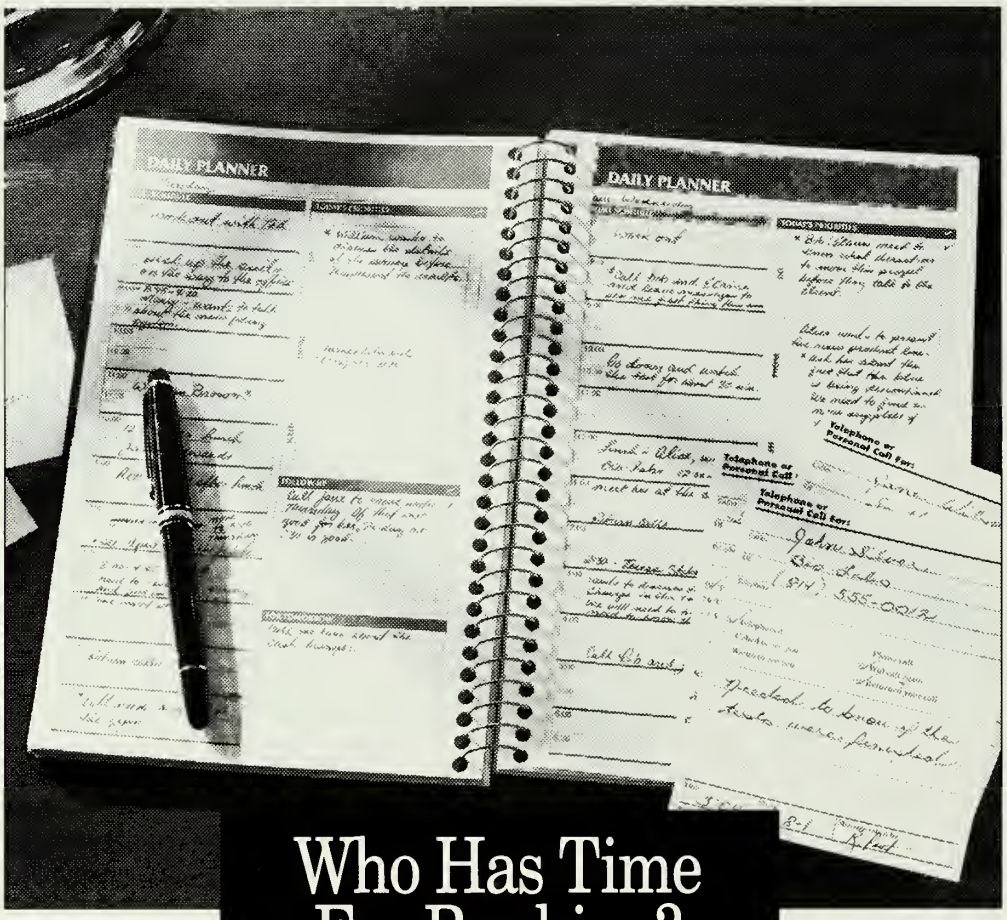
Today

Volume 25, Number 2 Winter 1997

LEONARDO'S CHILDREN





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Medical College of Georgia Today

Volume 25, Number 2 Winter 1997

Introduction

You might remember Gregory Swayne from an earlier article detailing his career as an MCG-trained medical illustrator who has incorporated computer technology to revolutionize the field. We re-introduce Mr. Swayne in this edition of *Medical College of Georgia Today*, contributing to a discussion about the high-tech tools now available to medical illustrators and the basic artistic talent needed to implement those tools. If you sense that writer Susan Yarborough's passion for this subject was ignited long before she wrote the article, you're right. Ms. Yarborough is an artist herself, and a summer trip to Italy studying the world's greatest artists contributed to this comprehensive analysis of medical illustration, past and present.

Writer Toni Baker also delved passionately into the subject she covers in this edition of the magazine. When assigned to report on the dearth of medical professionals in rural Georgia and MCG's contributions to the solution, she wanted more than the facts. She wanted to get to know those rising to the challenge of hanging their shingles in rural areas, and to convey their vast satisfaction in caring for lifelong friends and neighbors. We hope you enjoy getting to know them.

Read also about two men, Mercer Bridges and Kelley Myers, who owe their medical training to MCG. Though these men represent different generations, we think you'll find vast similarities in the values they share. ■

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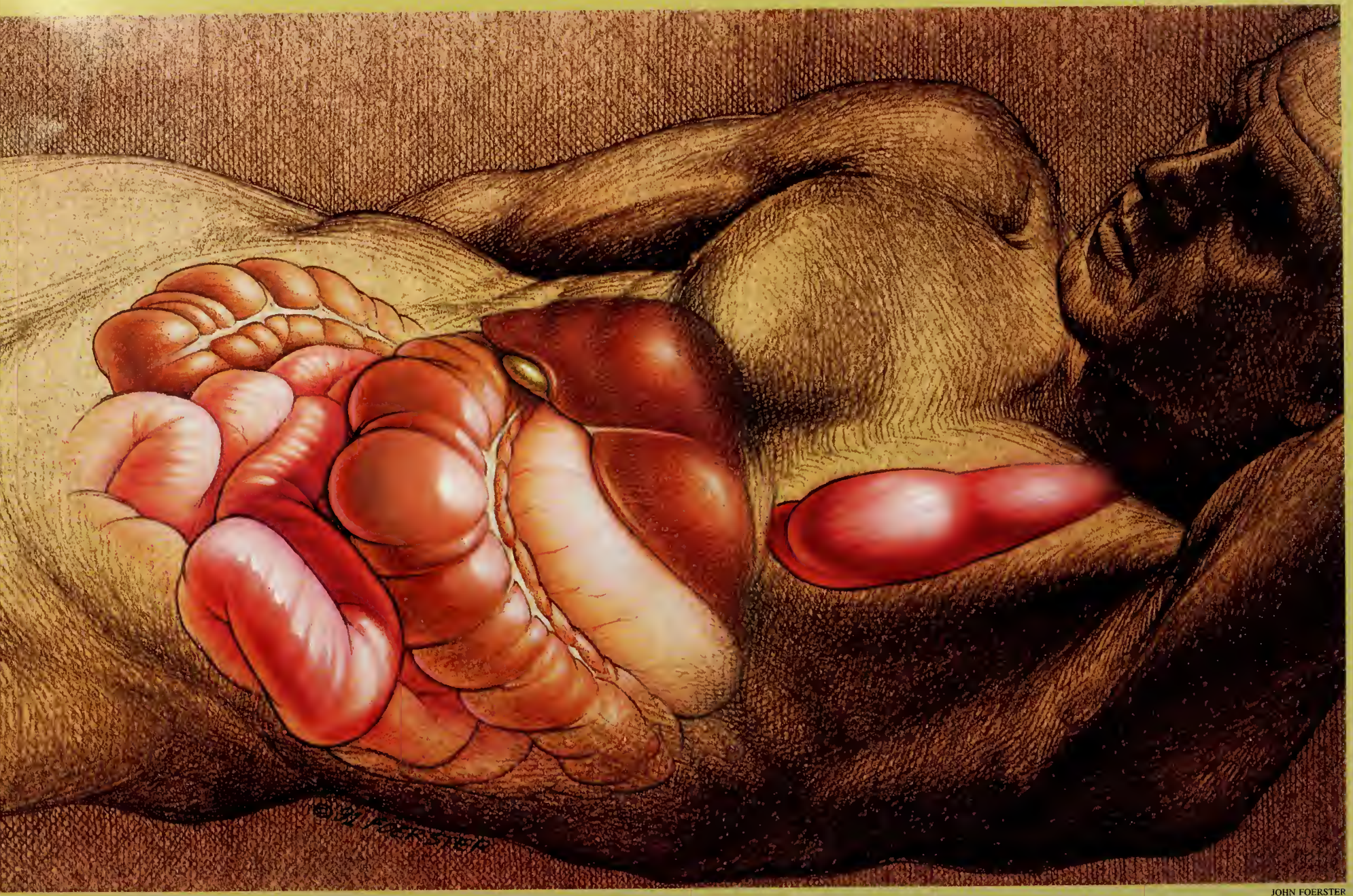


JOHN FOERSTER

Leonardo's Children

When a surgeon saw medical illustrator Steve Harrison, now Chairman of the Medical College of Georgia Department of Medical Illustration, sketching in the operating room of the Arizona Heart Institute, he nicknamed him Leonardo. The surgeon referred, of course, to Leonardo da Vinci—artist, scientist and universal genius. It was a joking compliment, perhaps, but more applicable than the surgeon might have realized.

Medical illustrators are professional artists who visually present medical and medically related information. If that's a general, even vague, definition, it has to be because medical illustrators cover so much ground. The sketches Mr. Harrison was working on, for instance, could have been used to prepare detailed drawings of a surgical procedure for a textbook or story boards for a television film about a surgeon's training. A second medical illustrator might have been doing a water

MCG Department of Medical Illustration faculty members John Foerster, Steve Harrison and David Mascaro

DAVID MASCARO

DAVID MASCARO

color illustration of the structure of the heart muscle. And a third might have been making diagrams to explain biochemical changes during a heart attack.

"Many people think that what medical illustrators do is photorealistic and that couldn't be further from the truth," said Mr. Harrison. "Photographic technology allows us to make images of what can be seen, but what can't be seen is another challenge. Medical illustrators provide visual conceptualizations of what can't be seen from the naked eye or from a common perspective."

Although medicine has always dealt more with what can't be seen than what can, the field of medical illustration arose in a time when physicians actually began to see some things for the first time—the Renaissance.

For thousands of years, medicine was a field in which religion and magic often obscured and overpowered fact. Physicians were learned, but what they actually knew was often based more on what ancient and approved authorities had to say about disease and the human body than it was on direct observation and experience. Anatomy, today the very first course on the syllabus of any medical school, was a required subject only for surgeons. Dissections were most often used to learn cause of death for legal reasons. And so-called anatomical illustrations were at best stylized cartoons, mostly used to indicate the correct sites for bloodletting.

It is not surprising then that the illustrations found in pre-Renaissance anatomy books were usually little more than decorations. Often they were copies of drawings from books that were tens or even hundreds of years old. There was little attempt to represent the human body realistically or even provide an accurate, if schematic, depiction of the description provided in the text. And even when original drawings attempted to be accurate, the copying and recopying of them introduced errors that no one bothered to correct.

During the Renaissance, however, medicine began to reconstitute itself as a science based on facts. As physicians realized that the facts they needed to know could only come from direct observation, they came to understand that the first object of that observation must be the human body—in other words, they must study anatomy. They also came to see that the facts they observed could only be conveyed correctly by clear and accurate depiction, by illustrations that reproduced the object of study as faithfully as possible.

Fortunately for Renaissance physicians, some Renaissance artists were also taking an interest in the accurate depiction of the human body, even going so far as to study anatomy and do dissections. One of the greatest of these was Leonardo.

Although most Renaissance artists who studied anatomy did so purely to improve their artistry, abandoning the subject when they felt they had learned enough, Leonardo used his mastery of drawing as a means to record and even extend his investigations of anatomy as well as his studies in architecture, hydrology and engineering. By his own admission, he dissected 30 cadavers, consulting physician-anatomist Marcantonio della Torre about his studies.

His anatomical drawings, of uncompromising clarity and beauty, were more scientifically accurate than those commissioned by Vesalius, correctly portraying the curvature of the human spine and the true position of the fetus in utero. Moreover, Leonardo developed techniques of depiction that are still in use, indicating hidden parts by dotted lines and devising a hatching system to represent any part of the body in transparent layers.

Leonardo strove not only to communicate clearly, accurately and beautifully but to retain the living quality of the subject he represented, whether it was The Last Supper or the musculature of the arm. Throughout his life, he spoke and wrote repeatedly of saper vedere, knowing how to see. This quality is more than the ability to observe directly and record accurately. Leonardo did not mean rendering every last detail. He meant choosing exactly the right presentation of a subject that would help the viewer understand as quickly and fully as possible.

For nearly five centuries, medical illustrators have been Leonardo's children. They have been expected to display an almost Leonardean versatility, combining adventurous curiosity with a talent for art and a love of science and medicine. And they have been held to a Leonardesque standard, requiring superior ability in drawing accurately from direct observation, extensive experience in drawing the human figure, demonstrated skill in drawing and painting realistically.

During 400 of those nearly 500 years, the field of medical illustration changed surprisingly little. Although medical knowledge advanced considerably during that time, pencil, pen and paint remained

DAVID MASCARO

the illustrator's primary media, even after the development of photography. The medical textbook remained the primary form of communication, and however much other people might have wanted medical information, the audience for it remained largely composed of physicians.

Today's medical illustrators, however, find themselves using new tools, representing new information and facing new audiences.

The blank white screen darkens to midnight blue. A strange shape moves menacingly over what could be the pock-marked surface of a faraway planet. Over the sound of brooding music and distant weapons fire comes the tick, tick, tick of computer keys as an invisible hand types the ominous words, The Combatants, and a moment later, The Battleground.

This is not a scene from the latest *Star Trek* motion picture. It is the new face of medical illustration, a segment from a computer program titled "Cytotoxic Immune Response to Hepatitis B," which combines animation, 3-D modeling and music to depict the human immune system's reaction to infection by the hepatitis B virus. It is the final product of a 1996 master's-degree project from the MCG Department of Medical Illustration.

More and more medical illustrators find themselves facing computer screens most of the day, wondering if quick-time movies, 3-D modeling and animation really can explain the mechanics of an allergic reaction to the average patient and hoping the department budget will cover a new CD-ROM drive. The new world in which they find themselves is the product of at least three revolutions, all happening at once.

One revolution is the digital, or computer, revolution. The dizzying speed of development in computer technology is not only changing the tools of medicine but the tools of the medical illustrator as well. Another is the molecular revolution, the explosive growth of information about the molecular basis of human physiology and disease. And yet another is the medical information revolution, the seemingly insatiable demand for medical information that is accessible to the general public, which is fueled by computer technology, public curiosity about medical advances and the shift to a preventive, self-care perspective in health care as a whole.

And these three revolutions raise several questions: Where is medical illustration headed? Do the methods and standards of the past still apply in this strange new world? Will medical illustrators continue to be Leonardo's children?

Gregory Swayne, a 1984 graduate of the MCG medical illustration program, has no doubt that the future of medical illustration is in digital technology. And he should know. As President and Co-Founder of A.D.A.M. Software Inc., he's helping to create that future.

"The computer is a window into a world of information that health care needs," said Mr. Swayne. "To the extent that he or she has mastered the computer, the medical illustrator is more marketable and more available."

Mr. Swayne created A.D.A.M. (Animated Dissection of Anatomy for Medicine), an interactive computer program for learning anatomy that takes full advantage of the capabilities of computer graphics. With A.D.A.M., the user can view human anatomy by system, body section or individual organ. The program allows the user to remove different tissue layers from the skin inward. It informs the user about cellular and molecular events through animation, and uses a "virtual professor" who appears in video clips to explain important concepts.

Mr. Swayne's transformation into digital revolutionary resulted partly from his experience with more traditional medical illustration work.

"After I got my master's degree, I worked in Atlanta preparing illustrations for a textbook on orthopedic surgery," said Mr. Swayne. "It took me two years. By the time the book reached the market, half the information in it was obsolete. Surgical techniques and instruments had changed during the time the book was being prepared.

"This is a limitation of traditional publication in print media," he said. "The digital explosion makes it possible to update materials and references faster and in smaller parcels."

Not only is digital technology changing what medical illustrators do and how they are taught, Mr. Swayne knows that medical illustrators' capabilities with digital technology will change the way medicine is taught.

"The biggest challenge of medical education is trying to cram a wealth of knowledge about a very complex topic—the human body—into a short period of time," he said. "Computer programs will help students do this faster."

The most obvious example of this is in the area of Mr. Swayne's own emphasis —anatomy, an interesting parallel to the importance the field had to the development of medicine during the Renaissance.

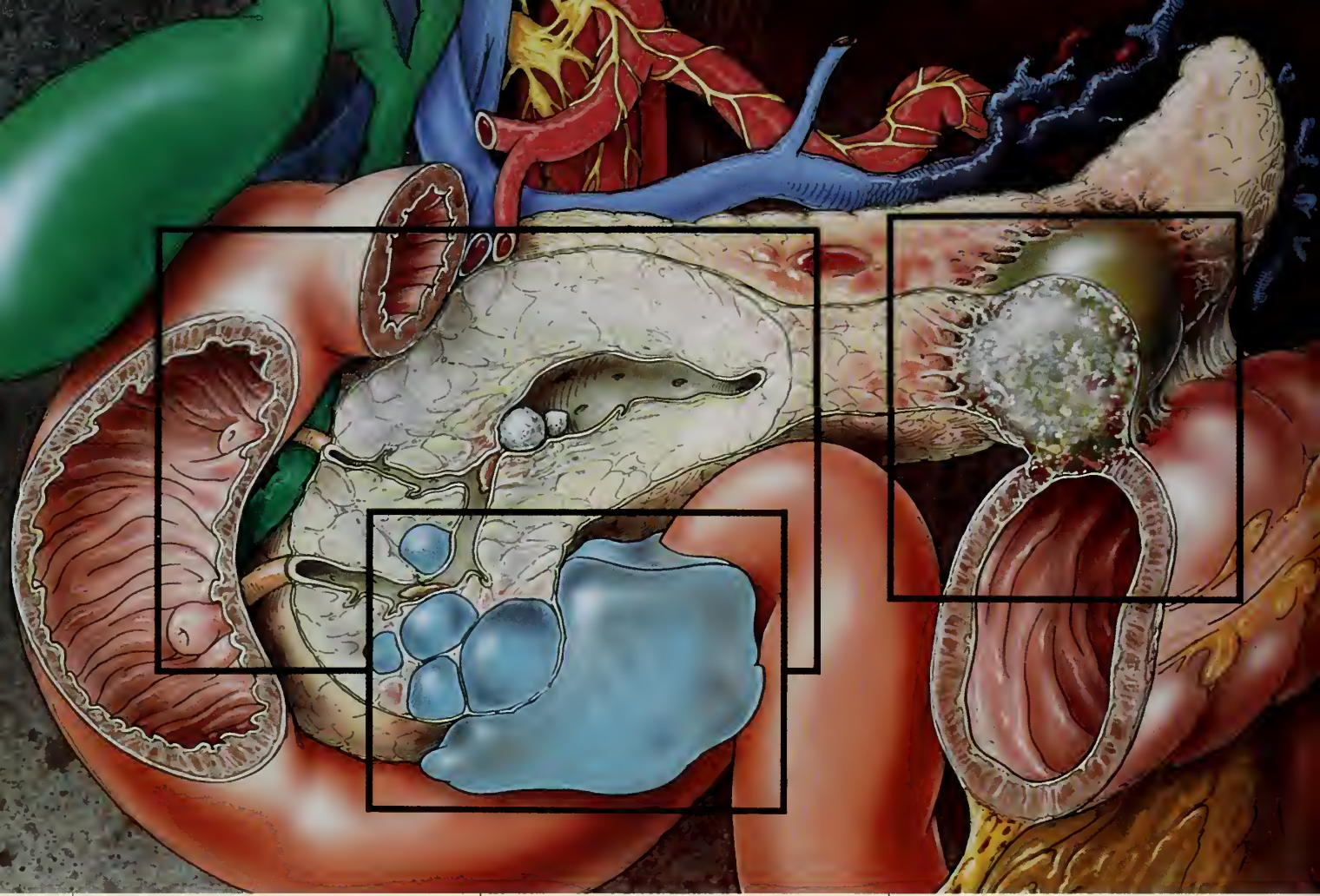
"There will never be a time when students don't have to dissect cadavers, but more dissection will be done on computers," said Mr. Swayne. "Much of what students spend so much time on is learning the spatial relationships of the body, trying to understand all the various structures and where they belong. Much of this can be done on computers."

As digital technology continues to improve in speed and capability, Mr. Swayne sees its use expanding throughout all levels of medical education.

"Medical residency programs are about throwing as many different kinds of patients and conditions at a physician in as short a time as possible," said Mr. Swayne. "Medical simulation programs will give residents an opportunity to see a wide range of different patient experiences earlier in their training.

"Creation of such sophisticated programs will depend on medical illustrators who will need experience with animation and 3-D modeling," he said. "They will pair up with software engineers to produce these programs."

Although Mr. Swayne has embraced the digital future unreservedly, Steve Harrison has to take a more cautious approach. While Mr. Harrison and the MCG medical illustration faculty know



that their students must be prepared to help build the information highway as well as cruise it, they also know that not everyone is on line yet. Nor are they likely to be any time soon.

"Books are here to stay for a long time," said Mr. Harrison, noting that one of the most popular people at a recent Association of Medical Illustrators meeting was the representative from W.B. Saunders, a medical book publisher. "Technology is not to the point where we [as a profession] can be totally computerized. And the general population is not widely computer literate."

As conservative as this remark sounds, it comes out of Mr. Harrison's extensive experience in the field. Having won an Emmy for a television documentary about heart transplants and numerous other awards for his work in both print and film, he is no stranger to the conflicting demands that technology can make on medical illustrators.

As he sees it, the task of the MCG program is to turn out graduates who will be ready for anything, illustrators who can orchestrate computer visuals to teach high-tech surgical procedures one moment and make a clear, simple line drawing for illiterate patients the next. But achieving this requires a careful balancing act. Digital technology's exciting capabilities are no substitute for the core abilities of the medical illustrator. And besides, the program is only two years long.

"We're storytellers and problem-solvers, that's what we emphasize to our students," said Mr. Harrison. "Someone trained with an emphasis on technology and not the science and problem-solving skills will need someone to tell him what to do."

At MCG, medical illustration students divide their time between medical science and illustration courses. To ensure a proper foundation for communicating with physicians and rendering medical information accurately, they take human anatomy, neuroanatomy, embryology, histology and general pathology. They study surgical techniques, solidifying their understanding by performing several surgical procedures on animals. And they spend two quarters observing and sketching in the operating rooms of the hospital.

"MCG has the best science program of the five accredited medical illustration programs in the United States," said Mr. Harrison. "We are the only program to offer the master of science degree." (MCG also has its own Medical Illustration and Design Services, which makes the entire arrary of medical illustration available campuswide.)

Students' medical knowledge is immediately put to use in illustration courses, where they learn the principles of visual presentation for print, film and computers by applying them to real problems. This may not sound very artistic, but students find themselves relying on their basic, low-tech art skills more than you might expect.

"Students with good drawing abilities and rigorous training in academic drawing and painting seem to progress faster in the program," observed Mr. Harrison, who is not surprised because he relies heavily on his own traditional art background. "I use my basic drawing and conceptualization abilities on a daily basis in teaching. Better drawing gives time for problem-solving."

In fact, these basic drawing and conceptualization skills play an important role in the illustrator-client relationship.

"Physicians and surgeons don't have much time," said Mr. Harrison. "It's very important when illustrators interact with them to be able to cut to the chase, to ask direct questions and find out as much information about a project in as little time

as possible. Students need to be able to work rapidly and sharpen their skills to do that when they get out of school," he said.

As a result, the program is stressing the ability to provide clients with well-conceived but quickly done sketches to get projects going.

"Most medical illustrators will start out with a sketch and will combine traditional and electronic media," he continued. "I don't see that changing for quite a while, until the technology changes."

The program also emphasizes the ability to communicate with different kinds of audiences.

"Doctors and medical institutions are advertisers now," said Mr. Harrison. "Self-care and patient education are playing a bigger role in the medical marketplace. Pharmaceutical companies are doing more to educate patients and more federal dollars will go to promoting informed consent and preventive medicine.

"We throw problems at students in those areas," he said. "We'll give an assignment that has the student do drawings for the surgical resident who is going to perform a procedure and then other drawings that will be used in explaining that same procedure to the surgeon's patients."

But how does all this get students ready for the world of digital technology? Students take their assignments to the department's computer lab.

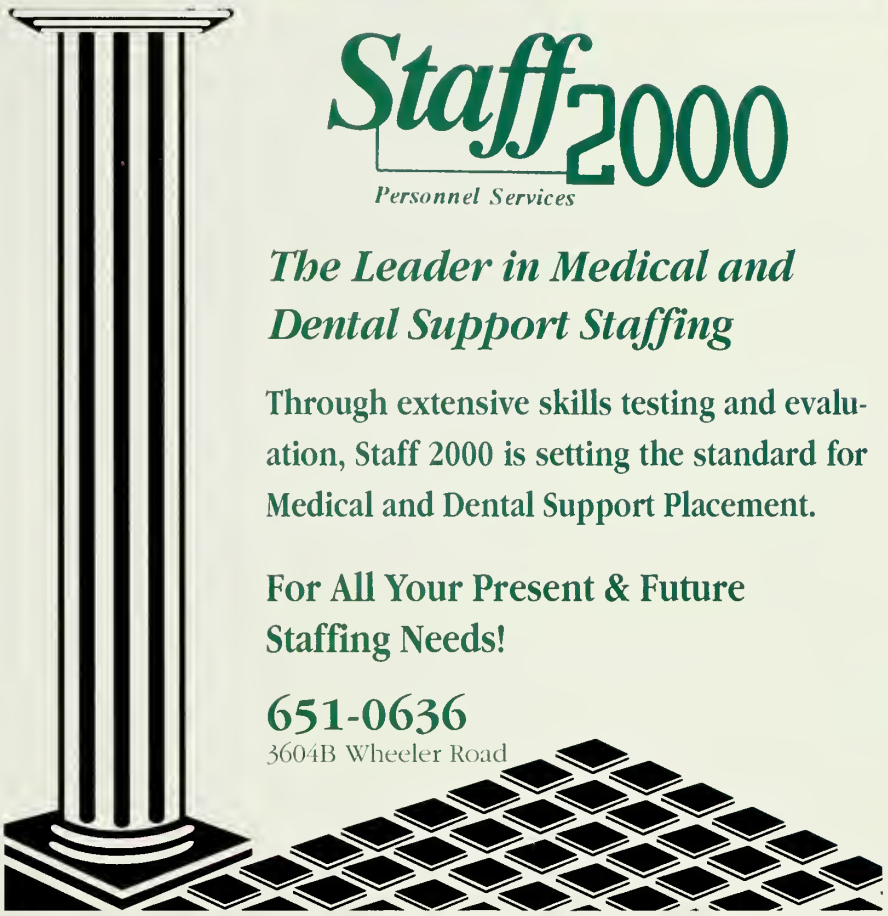
"We still require a traditional portfolio, but now we require demonstrated ability and experience with computers before students enter the program," said Mr. Harrison.

"I used to say we taught the media of medical illustration—pen and ink, carbon dust, water color," he said. "Now we teach line, tone and color without being specific about which tools students use to accomplish the work.

"It's important to consider that images are still images," said Mr. Harrison, "just as they were in the Renaissance. There's not much difficulty in moving a mouse or a bit pen around, but in illustration you are still making the same decisions about using light, shadow and color. If you are a good problem-solver conversant with at least one platform, you can learn another quickly."

And so, what about Leonardo da Vinci? The genius who painted the Mona Lisa and established the high standard of medical illustration would no doubt agree with both Steve Harrison and Greg Swayne, whose differences are really more matters of emphasis than substance.

"The importance of the skills of classi-



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cal or academic drawing will continue into the next century," said Mr. Swayne. "The basic skills of medical illustration have nothing to do with computers, they have to do with being an artist. It is essential to master those skills."

If Leonardo were alive today, he'd probably be establishing a new standard for medical illustration, this time on computers. The man who envisioned "flying machines" centuries before their time would not be likely to reject new technology. He'd be proud of his children, as long as they kept a high standard. ■

—SUSAN YARBOROUGH

A CRASH COURSE IN COMPUTERS

Scanning, quick-time, cross-platform capability. These are terms medical illustrator Ellen Palm uses every day, but in 1991 when she graduated from MCG's Medical Illustration program, she didn't even know them.

"When I came to MCG, I had zero experience with computers" said Ms. Palm. "And I actually felt I had no interest in them.

Ms. Palm had already had a career as a general illustrator and graphic designer before coming to MCG. She especially enjoyed her work with the Staten Island Zoo, where she got to observe the animals and even had Addison, the baby panther, visit her office. But she knew she wanted to do medical illustration.

"I always had the mindset for medical illustration long before I knew what it was," said Ms. Palm. "I always had the bent to realism and detail that is basic to the field."

By the time she graduated, Ms. Palm realized she needed a computer, but she little suspected how quickly and deeply she would plunge into the world of high-tech graphics.

Hired by the MCG Department of Surgery in 1992, she soon found herself modeling the gastrointestinal tract for a virtual reality simulation designed to teach surgeons how to perform endoscopic retrograde cholangiopancreatography. ERCP is the exploration of the common bile and pancreatic ducts using an endoscope. The objective of the project is to give residents practice using an endoscope before they work on real patients.

For her work with ERCP and another project on laparoscopic cholecystectomy, Ms. Palm used Wave Front, Unix-based software like those used to make special effects in motion pictures.

"Unix is more complicated than either the Macintosh or the PC," she said. "It was basically me and the help line. It was a great challenge, and everything with computers has been much easier for me since. It was like learning Latin first. Every other language is easier."

Ms. Palm is now working with Dr. David Rogers, Associate Professor of Surgery and Pediatrics, to design a series of computer-based programs to teach basic surgical skills. The first module of the series showed how to tie a surgical knot, which is essentially two square knots.

"This program has a choice of viewpoints of tying a knot, " said Ms. Palm. "Dr. Rogers was videotaped tying the knots. I digitized the video, broke it into 12 steps, and did slow and real-time versions, so the viewer could look at the steps over and over again.

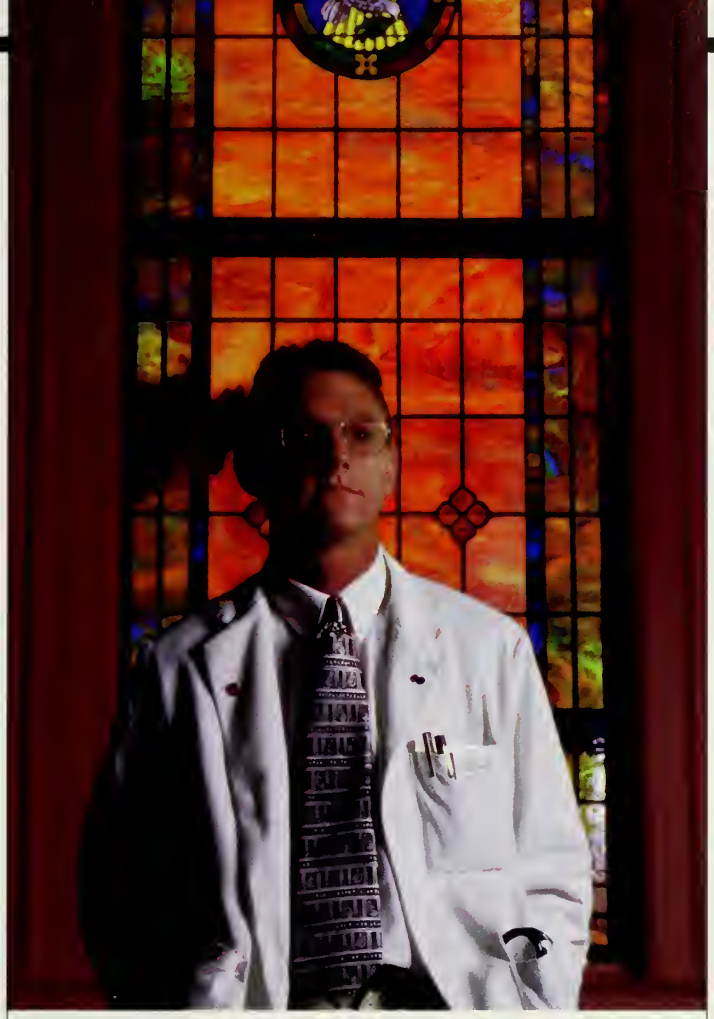
"The students using the video were given a knot-board to practice with as they watched the video, " she said. "The purpose of the video is to relieve the faculty from teaching basic things. The students can learn enough from the program to ask intelligent questions. If students need less time for very basic skills, there will be more time to spend on advanced ones.

"Despite the explosion of new medical information and the changes in technology, medical school is still only four years," noted Ms. Palm. "And there is more and more ground to cover in that time. These computer-based programs can help provide more efficient ways of teaching."

As deeply involved as she is with computer technology, however, Ms. Palm is in no danger of mistaking the medium for the message.

"The basic skills of being an artist are the same no matter what tools you use," said Ms. Palm. "You still have to be able to draw realistically, you must have the ability to conceptualize in your head. You have to be able to put together what's necessary to get the point across. These skills don't change whether you're using pen and ink or computer." ■

—SUSAN YARBOROUGH



Turning Point

Kelley Myers didn't want this story told the way it's written. In fact, he argued not to have his picture made in front of a stained-glass window. He insists that he isn't special—earning a doctorate in medicine from the Medical College of Georgia and serving as Student Government Association President—in spite of a family history ripped apart by divorce, suicide and drug abuse.

But his story is exceptional, and it didn't begin in medical school.

In fact, eight years ago, Kelley's plans did not include medicine. If there had been a senior high school award category—the least likely to go to medical school—he would have walked off with the honors. Sports, not books, captured his attention.

"When my high school teachers asked me what I wanted to do, I would just smile and shrug my shoulders," said Kelley. "I didn't like to study because there was a lot more fun stuff to do."

Earning C's in most of his general education classes, Kelley never understood the need for college preparatory classes in his small hometown of Loganville, Ga. However, during his senior year, a small South Carolina college surprisingly offered him a football scholarship. The grant didn't cover out-of-state tuition, though, so a disappointed Kelley gave up on college.

Luckily, an astute teacher encouraged him to apply for a physical education scholarship at Gainesville College.With nothing to lose, Kelley applied and was accepted. But college held more than Kelley bargained for.

"After I started college, it seemed my whole world fell apart," said Kelley. "My parents went through a terrible divorce, and I decided it was better not to choose sides as to which parent I would live with. So I moved out on my own."

Crumbling inside, he threw himself into his studies for the next two and a half years, turning C's into A's until the University of Georgia finally accepted his transfer credits as a physical education major in 1991. However, another bombshell waited in the wings.

"One night while I was studying in the library, a campus policeman walked up and told me to call home," said Kelley. "When I called, my father said my older brother, Charles, had been in an accident and that I needed to come home. When I drove up and saw all the cars in front of my house, I was sure it was something bad."

It was very bad. Charles, 25, died from a self-inflicted gunshot wound to the chest after fighting a losing battle with drugs.

Following this tragedy, Kelley and his younger brother coped in opposite ways. His brother became deeply involved with drugs, ending up addicted to crack cocaine. Kelley, on the other hand, channeled his emotions into school work, blocking out the gnawing pain.

His study habits earned him quite a reputation, according to friend and fellow student Eric Chou.

"He studied all the time—like 18 hours a day," said Eric. "On Friday nights and weekends while I was going to ball games, Kelley was studying."

But it wasn't enough.

"I felt I was successful in what I was doing, but I felt an emptiness in my accomplishments," said Kelley. "I had grown up going to church and considered myself a Christian, but it was not until I saw the real emptiness in my life that I truly accepted Christ."

Eric and Kelley met at the Campus Crusade for Christ in Athens, Ga., and both remained active in UGA's interdenominational outreach program. Kelley suddenly felt an incredible burden removed from his life, freeing him of the bonds set by the conventional standard of success.

"I knew I would be successful if I did what God called me to do," said Kelley. "I also felt God was calling me to be a physician."

Kelley starting searching for a medical school. After reading a *U.S. News and World Report* survey that ranked MCG ninth in the nation as a primary-care school, MCG became his first and only choice. After being accepted into the school, Kelley was both thrilled and frightened. And his first day of orientation didn't ease his tension.

"Kelley was really hyped up over medical school," said Eric. "He had even taken a summer anatomy course to get a head start. All of us had received a letter saying if we were late the first day, we would get kicked out of class.

So of all days, Kelley overslept. He ran in about an hour late with his hair all over the place. Of course, we all had our pictures made that day, and Kelley's was funny."

With no place to go but up, Kelley's circumstances did improve. Impressed by the quality of his classmates, Kelley learned many of them were Ivy League graduates. In fact, his freshman class had the highest national average on the Medical College Admission Test in MCG's history.

"I felt somewhat intimidated because I had never been known as an intellectual person," said Kelley.

However, he persevered and quickly became involved in campus activities.

"The first time I remember seeing Kelley was the time he visited me with an interest in starting community service projects," said Dr. Randy Butterbaugh, MCG Director of Student Affairs. One of the first things he did was to spearhead our students' participation in the local Habitat for Humanity project."

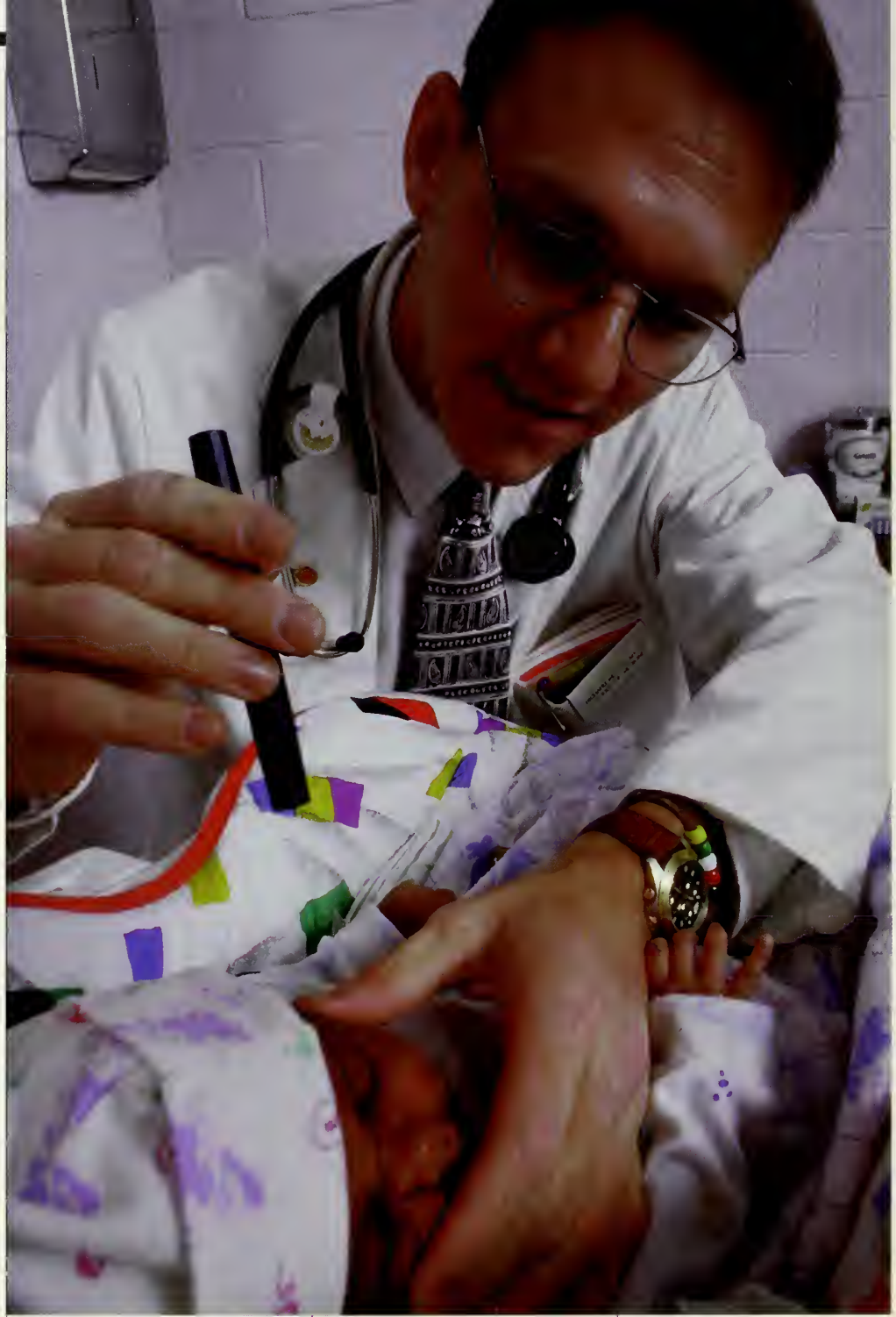
During a Student Government Association event in Kelley's freshman year, he heard Dr. Stoney Abercrombie, a representative of Volunteers in Medical Missions, asking students to volunteer medical services on summer mission trips.

"After Kelley heard him speak, he signed up the next day to go on a trip to Ecuador," said Eric. "Then he talked me and two others into going with him."

After the group returned, the participants presented a slide show to MCG students, generating enthusiasm among the students. The mission trip turned out to be the first of four for Kelley. In 1994, the group worked in Honduras, in 1995, Peru and this past winter, Paraguay.

"Kelley really started the emphasis on international medicine and was instrumental in recruiting people to go on these trips by word and by example," said Eric.

The eye-opening experiences have been the most exciting part of medical school, Kelley said. "Growing up in the United States with its excellent health care and medical advances has made me take for granted how easy it is to get health care, medicine and vaccinations," said Kelley. "Many children in Third World countries die from simple infections that can easily be treated with antibiotics."



Kelley learned that in Europe and North America, the doctor-to-patient ratio is approximately one to 576. In Third World countries, the proportion is one to 17,480. In these remote areas, the mission team treated tropical diseases, such as intestinal worm infestations and malaria, illnesses virtually never seen in the United States.

"What I enjoyed most about these trips was working with full-time missionaries and seeing how they really cared about these people's sufferings," said Kelley. "It really made me appreciate all the blessings that I have here in the U.S."

Eric believes Kelley's actions are indicative of his faith. "I'm amazed that by the time he finishes school, he will have completed four months of overseas tropical medicine," said Eric. "To me, that indicates where his heart is. It

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AlumNews

Homecoming 1997 Scheduled May 1-4

The Medical College of Georgia will celebrate Homecoming 1997 May 1-4. A variety of activities are planned for alumni, faculty, students, residents and interns in all five of MCG's schools. A Homecoming brochure including a schedule of events and reservation form will be mailed in late February. The pre-registration form at the end of this article may be sent to the Alumni Office. For more information, contact the Alumni Office at 1-800-869-1113. Following is a preliminary schedule of events.

Thursday, May 1

On-site registration
MCG Alumni Center
919 15th Street
9 a.m. to 2 p.m.

School of Graduate Studies Alumni Association Distinguished Alumnus Award Presentation and Lecture
MCG Alumni Center/ Ballroom,
919 15th Street
4 p.m.

School of Graduate Studies Alumni Association Reception
MCG Alumni Center/Garden Room,
919 15th Street
5 p.m.

School of Graduate Studies Alumni Association Dinner
MCG Alumni Center/Ballroom
919 15th Street
6 p.m.
Cost: $10/alumni, faculty; $5/students

Friday, May 2

Dental Hygiene Program
MCG Alumni Center/Ballroom
919 15th Street
8:15 a.m. to 4 p.m.
(Registration at 7:45 a.m.)

On-site registration
MCG Alumni Center
919 15th Street
9 a.m. to 3 p.m.

Hospitality suite open for all alumni
Radisson Riverfront Hotel
2 Tenth Street
9 a.m. to midnight

Occupational Therapy Educational Program
Location: EF 144
9:15 a.m. to noon and
1:30 to 3:45 p.m.
"Short Papers:" For more information, call 721-3641.

MCG tours
Tours begin at MCG Alumni Center, 919 15th Street
10 a.m.

Homecoming Golf Tournament
Jones Creek Golf Club, 4101 Hammonds Ferry Road
Tee times begin at 10 a.m.
Cost: To be announced

School of Allied Health Sciences Alumni Association Luncheon and presentation of the Distinguished Alumnus Award
Old Medical College/Ballroom
598 Telfair Street
Noon
Cost: $10

19th Annual Marvin Goldstein Lectureship
(to be continued on Saturday)
Radisson Riverfront Hotel
2 Tenth Street
12:15 to 5 p.m.
Cost: To be announced

School of Dentistry Alumni Association Business Meeting
Radisson Riverfront Hotel
2 Tenth Street
5 p.m.

School of Nursing Alumni Association Dinner, Program and presentation of the Distinguished Alumnus Awards
Pinnacle Club, 699 Broad Street
6:30 p.m. social hour and
7:15 p.m. dinner
Cost: To be announced

School of Dentistry Alumni Association Dinner and presentation of the Distinguished Alumnus Award
Radisson Riverfront Hotel
2 Tenth Street
6:30 p.m.
Cost: To be announced

Ceremony to designate Old Medical College as a National Historic Landmark
Old Medical College
4 p.m.

School of Medicine Dean's Reception
Old Medical College/Solarium
598 Telfair Street
5 to 7 p.m.

Alumni Association of the School of Medicine Annual Banquet and presentation of Distinguished Alumnus Awards
Old Medical College/Ballroom
598 Telfair Street
7 p.m.
Cost: $35

Saturday, May 3

MCG Foundation/Alumni Association of the School of Medicine Joint Development Committee Meeting
MCG Alumni Center/Garden Room
919 15th Street
8 a.m.

Dental Hygiene Program
School of Dentistry Building
Room 1020
7:30 a.m.

19th Annual Marvin Goldstein Lectureship, continued
Radisson Riverfront Hotel
2 Tenth Street
8:30 a.m. to noon
Cost: To be announced

On-site registration
MCG Alumni Center
919 15th Street
9 a.m. to 4 p.m.

Hospitality suite open for all alumni
Radisson Riverfront Hotel,
2 Tenth Street
9 a.m. to midnight

Alumni Association of the School of Medicine Board of Directors' Meeting
MCG Alumni Center/Garden Room
919 15th Street
8:30 a.m.

Student Government Association Cookout for Alumni
MCG Alumni Center/ Pool Area and Ballroom, 919 15th Street
11:30 a.m. to 2:30 p.m.

Nostalgia Hour for School of Medicine Alumni
MCG Alumni Center/Ballroom
919 15th Street
11:45 a.m. to 1 p.m.

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5 Senses Hold Clues for Occupational Therapist

Susan Yarborough

If you walk into occupational therapist Sandra David's work space when there are no patients around, all you are likely to see is a bare room with some tables, counters and chairs—and lots of cabinets. But open the cabinets and it's like a bazaar. Wood, leather, copper and stained glass, all ready for working, are stored with jars full of colored tiles and beads. Another room holds ceramics supplies and a kiln.

It might be arts-and-crafts heaven for some, but for Ms. David everything here is meant to help her patients. When she wants to evaluate new patients, she asks them to sew something. More correctly, she hands them a piece of leather laced with three different stitches, shows them how to do the stitches and asks them to copy the stitches on a similar piece of leather.

The patients don't know it, but they are taking a test, the Allen Cognitive Level Leather Lacing Test, which helps Ms. David assess how well a person can use his physical and mental abilities to get through the tasks of daily life safely and effectively.

For her efforts to promote use of the Allen cognitive levels by other occupational therapists, Ms. David has recently received the 1996 Recognition of Achievement Award from the American Occupational Therapy Association.

After earning her bachelor's degree in occupational therapy from MCG in 1985, Ms. David became a staff therapist for MCG Hospital and Clinics, specializing in treating psychiatric problems. She knows that when people are overwhelmed by psychological stress, their bodies are affected as well.

Stress interferes with people's ability to interpret what they see, hear, taste, smell and feel. It hampers their ability perceive danger in the environment and can inhibit their ability to learn. The result is an inability to cope with many of the demands of daily living. Physical illness and especially brain injuries have similar effects.

As she gained experience as an occupational therapist, she became concerned that "psychology and other disciplines address the person's functional abilities in broad terms, but often fail to specifically address functioning in day-to-day activities."

Ms. David first heard about the Allen cognitive levels in 1986 in a speech by occupational therapist Claudia K. Allen, for whom the diagnostic system is named. She felt instinctively that they would be an excellent tool for helping her patients. She eventually made them the subject of the thesis for her master's degree in health education, which she received from MCG in 1992.

The Allen cognitive levels rate physical and mental capabilities on a scale of 0 to 6. A person in a coma is rated 0 and a normal adult is rated 6. Each level is divided into fifths.

A person at level 4.2, for example, may not notice objects that are more than 30 inches away, may recognize a problem but make no attempt to solve it and may remember doing a similar task but be unable to relate it to the present one. People at this level need to be supervised closely because they pay little attention to the environment. This makes them unlikely to anticipate dangers, such as a car running a red light at a crosswalk.

Sandra David

Ms. David has developed the Functional Activity Scale Evaluation, which relies on the Allen cognitive levels in assessing patients' ability to use the information provided by their senses, follow instructions and care for themselves. She uses this evaluation in observing her patients as they work in the occupational therapy area.

She holds up a small wooden box. The lid is decorated with brightly colored tiles that form several patterns."I give them a sample," said Ms. David. "The instructions are to follow the sample exactly. Sand the box, stain it and place the tiles.

"Feel this one," she said. "The patient did well on the first two sides, but when you get to the third side, the texture is rough and it feels like they didn't sand the fourth side at all. Look at the stain. It's a lot lighter than the sample. Now look at the tiles. They completely ignored the pattern. They chose different colors from the sample and didn't put the same number of tiles. This person was at about level 4," she said.

If you conclude that the patient just didn't follow instructions, you'd be correct, but Ms. David is concerned with which instructions a patient doesn't follow and why.

The box exercise, for example, helps Ms. David assess a patient's sensory integration and approach to performing a task. Sensory integration is how the five senses gather information from the environment and how that information is used to deal with the challenges of daily living.

To make the box fit the example as closely as possible, patients would have to use hearing, sight and touch. They need to hear and understand Ms. David's instructions, see the color of the box and follow the tile pattern and feel the change in the texture of the wood as they sanded it.

By asking patients how they want to go about completing a task, Ms. David can evaluate whether patients can plan ahead and conceptualize without having a sample in front of them. By having them do similar tasks, she can tell whether they always go about tasks in the same way or whether they can vary their approach.

Such information can suggest how well patients are likely to function outside the clinic, what kind of supervision they need, and even how likely they are to be able to follow the recommendations of their therapists, said Ms. David. It also suggests what kind of activities can help them improve.

Ms. Davis is writing a series of pamphlets for care givers based on the Allen cognitive levels. The pamphlets explain a patient's capabilities at a particular level and how to structure work and home environments to keep them safe and help them make progress in recovery. ■

P.T. Students Front and Center at Paralympics

Susan Yarborough

The excitement of competition, the joys of helping and a chance to meet people who might just be their patients one day – seniors in the Medical College of Georgia Department of Physical Therapy had it all as volunteers at the 1996 Paralympic Games.

The Games, held in Atlanta Aug. 15-25, brought together 3,500 elite athletes from 127 countries to compete in 17 sports, including track and field, basketball, volleyball, soccer, cycling, fencing, shooting and tennis. Although every athlete competing in the Paralympics has a disability such as total or partial blindness, cerebral palsy, paraplegia, quadriplegia, or amputation, the emphasis is on what they can do and not what they can't.

The training of physical therapists includes learning how to teach newly disabled people to use crutches, wheelchairs and prosthetics. Attending the Paralympics enabled MCG students to see how the disabled not only manage their assistive devices, as they are called, but turn them into tools for achievement, according to Dr. Bella May, founder of the MCG physical therapy program. She arranged for the students to participate and Dr. Brian Lee, Assistant Professor in the program, coordinated the volunteer effort.

As transportation aides, the MCG seniors helped athletes and spectators, many of whom used wheelchairs or crutches, on and off the buses that shuttled from Olympic Village to the competition sites all over the Atlanta area.

But, as Kimberly Brock, President of the Class of '97, noted, they didn't need much help. And that was only one of many surprises in her experience at the Paralympics.

"As a physical therapy student, I really don't think I knew what a real disabled person was until I volunteered at the Paralympics," she said. "It was really an eye-opener. When I worked in sports medicine for two years as a technician in Athens, I saw the athletes from the University of Georgia. There really wasn't a big difference between them and the Paralympic athletes in abilities. To me, they [the Paralympic athletes] didn't seem disabled. I found myself forgetting that they didn't have a limb or were in wheelchairs."

Her observation is supported by the record. The Olympic world record for the men's 100-meter dash is 9.85 seconds. Tony Volpentest, a Paralympic contender who was born without arms or legs, has run the 100 in 11.63 seconds – on two prostheses.

Ms. Brock, who worked at Clayton State College helping participants and spectators at the sitting volleyball competition, found that sport a surprise as well. "Sitting volleyball is played on the floor. The net is lowered and the court sized a bit smaller," she said. "I thought it would be played in wheelchairs.

"The athletes didn't wear their prostheses to play because they would weigh them down. Their upper body strength was amazing," she continued. "They had to lift themselves up with their arms to get to the ball and then use their hands to hit it. They were very flexible around their hip joints. They often rolled on their backs to try to get to a ball coming toward them."

Although Ms. Brock was rooting for the U.S. team, she wasn't surprised when they didn't win a medal. "Sitting volleyball isn't very popular here. The U.S. didn't even have a sitting volleyball team until April of this year," she noted. "The Europeans have sitting volleyball leagues, but there's no U.S. league right now. Two American coaches, one disabled and one able, got together and recruited players from all over the U.S. All the team members were athletes, but some had never even played volleyball before last April. I talked to one athlete's mother and she said that her son joined the team just so he could participate in the Paralympics."

The Paralympic Games also offered the MCG students a chance to observe members of their future profession in action. "We met licensed physical therapists who worked in first aid," said Ms. Brock. "Some were MCG graduates. There were three or four first-aid people on the sidelines at all times. We didn't see any accidents or injuries, but some of the sitting volleyball athletes needed massages for tightness and muscle soreness from using their upper bodies so much."

The senior physical therapy class took a course in amputations and prosthetics this summer, so Ms. Brock observed the prosthetics athletes were using with some interest. "I recognized a lot of the prosthetics we talked about in class," she remarked. ■

P.T. Department Produces Triathlon Winners

Susan Yarborough

Valerie Harris and Karen Hamby were so sure they hadn't even placed in the Gatorade Triathlon, they were headed for the car as the winners were announced. But they hadn't just placed, they'd won. The triathlon, which combined a one-mile swim, 25-mile bike ride and three-mile run, was the final event in a Family Fitness Weekend at Thurmond Lake July 14.

Ms. Harris, Ms. Hamby and teammate Jeff May of Blackville, S. C., together clocked the best time of the Co-ed Relay division—one hour and 55 minutes. Ms. Harris swam, Mr. May biked and Ms. Hamby ran. None of them suspected that they were even doing well.

"We were just trying to finish," remarked Ms. Harris, a 1993 graduate of the MCG physical therapy program and a senior physical therapist with Rehabilitation Services at MCG Hospital and Clinics.

"We just didn't want to be last. That was our main goal," said Ms. Hamby, a senior in the MCG physical therapy program.

Although the threesome did no special training for the triathlon—which they entered just two weeks before it was held—all were in good shape. Ms. Hamby, who describes herself as not a racer, just a jogger, runs about 25 miles a week. Mr. May is a competitive biker. And Ms. Harris, who runs and swims regularly, had participated in a similar event once before. "I got in the water a few times before the race to see if I could do it," said Ms. Harris.

"It's such a fluke," said Ms. Hamby. "It's like going out and doing something the first time and winning it." ■

Dr. Hamilton Named Goldstein Chair

Carole Jones Smith

Dr. Edward H. Hamilton Jr., Professor and Interim Chairman of the Orthodontic Residency Program at the Medical College of Georgia School of Dentistry, has been named the first Marvin C. Goldstein Chair of Orthodontics.

The chair was founded by Dr. Marvin C. Goldstein, an Atlanta orthodontist and philanthropist, to enable MCG to attract exceptionally qualified faculty to continue developing an outstanding orthodontic program with an emphasis on research.

Prior to joining MCG's faculty in 1994, Dr. Hamilton served as Professor and Interim Chairman of the Department of Orthodontics at Temple University's School of Dentistry in Philadelphia, Professor of Orthodontics at the University of Tennessee Medical Center Department of Oral and Maxillofacial Surgery in Knoxville and Professor and Clinic Director of the Graduate Orthodontic Clinic at the University of North Carolina School of Dentistry in Chapel Hill.

During his 32-year private practice of orthodontics in Knoxville, Tenn., he served part-time as Assistant and Associate Professor of Orthodontics at the University of Kentucky's College of Dentistry. He is a diplomate of the American Board of Orthodontics.

"I've been extremely impressed with the quality of the School of Dentistry's faculty and students," said Dr. Hamilton. "MCG is as sound fundamentally as any other dental school I've been involved with, and far ahead of keeping communication lines open between students and faculty. I have to believe that leadership of the former Dean Judson Hickey and the present Dean David Myers have been the keys to its success. With the continued interest from dedicated alumni and men of vision like Dr. Goldstein, the sky is the limit for the future of the MCG Orthodontic Department." ■

Alumni Association President Puts Students First

Carole Jones Smith

Ensuring quality education, increasing scholarships and recruiting associate members are among Dr. Phillip H. Miller's goals as the new President of the Medical College of Georgia School of Dentistry Alumni Association.

A member of MCG's first dental class in 1969, Dr. Miller assumed the presidency in May following Dr. Isaac Holton's two-year tenure. Dr. Miller sees his position as challenging and filled with responsibility.

"All the alumni care about our alma mater because we want it to be number one," said Dr. Miller. "I know times are trying for every school, but with the shortage of money and the standards placed on the faculty and students, we are all concerned that the one-on-one teaching, which is so necessary in dentistry, not get lost in the research."

He believes dental professionals and study groups, such as the Pankey-Dawson Study Club, are making a difference in students' lives. Dr. Miller credits his own childhood dentist, Dr. James Cassidy of Macon, Ga., for serving as his professional role model.

"These people can teach the students how to be a professional person and handle issues that come up," said Dr. Miller. "It helps fill in the gaps."

To further assist students, Dr. Miller hopes to create an endowment enabling the alumni association to award an annual $1,000 scholarship to a deserving student. In order to generate the needed funds and increase the organization's membership, Dr. Miller plans to actively recruit more associate members. Non-alumni faculty and dental professionals are eligible to join as associate members and enjoy the same benefits as MCG alumni.

"Since Emory [University School of Dentistry] has closed, there is no organization for the large number of their graduates in this area," said Dr. Miller. "It's a very good opportunity for us and a very good opportunity for them."

Among the membership's advantages are annual social and professional events, discounted fees for continuing education courses and a quarterly newsletter. By paying a one-time fee of $600, one may become a lifetime member.

"There are now 16 lifetime members," said Dr. Miller. " I hope to increase that number during my tenure, especially among my classmates."

Dr. Miller served as President of his class and editor of the MCG yearbook. Following graduation, he completed a pediatric residency at the Indiana University. In 1975, he established his pediatric dentistry practice in Augusta.

"I've always liked working with children," said Dr. Miller. "When I was in dental school, I didn't want to give up any area. I wanted to able to do root canals, surgery and fillings. Pediatric dentistry is an age-defined specialty, and we do everything for the youth."

Young people have always played a big part in Dr. Miller's life. While growing up in Wilkinson County, Ga., he taught children to swim. During college, he organized and managed a summer boys' camp on his father's farm complete with horseback riding, riflery, swimming, archery and fishing.

That experience created the dream of one day establishing a camp for young people in middle Georgia, perhaps following Dr. Miller's and his wife Laura's retirement. But with a 19-year-old daughter and two sons, ages 8 and 17 months, that dream is currently on hold.

Dr. Miller is President of the Georgia Academy of Pediatric Dentistry, serves on the board of directors of the Southeast Society of Pediatric Dentistry and is President the Pediatric Dental Residents Alumni Association at Indiana University. ■

Dr. Morris Considers Teaching a Labor of Love

Carole Jones Smith

After months of listening to his friend nag, Dr. Charles F. Morris finally agreed to visit the Medical College of Georgia School of Dentistry—just to keep him quiet. Even though he once considered teaching, he was satisfied with his successful private practice in Tulsa, Okla.

Despite his attitude, the mission MCG School of Dentistry Dean Judson C. Hickey had established when founding the school, along with the faculty's high morale, caused Dr. Morris to rethink his position. Surprised at himself, he accepted Dr. Hickey's offer to join the faculty.

"In my own mind, I decided I would come and try this situation for two years," said Dr. Morris. "If I didn't like it, then I would go back and re-establish my practice in Oklahoma. After only a year, all four of my kids wanted to move back. They missed it. But I told them we had to stay one more year. So after the second year, the kids told me it was too late then to go back."

Those two years quickly turned into 24 for Dr. Morris, Professor of Oral Rehabilitation, who retired this summer. Reminiscing, he considers teaching his greatest accomplishment and the most rewarding part of his career.

"My main purpose was to relate as well as I could to students in order to hopefully instill what I thought dentistry should be to them," said Dr. Morris.

Apparently, Dr. Morris did his job well. In June, the senior class awarded him the Judson C. Hickey Award as the outstanding teacher throughout their tenure.

"I consider receiving that award the highlight of my career here," said Dr. Morris. "It meant a great deal to me because that award was established in Jud Hickey's name, and I consider him to have been an outstanding administrator and Dean. The award stood for someone who devoted his major time and effort to teaching."

Dr. Hickey's teaching emphasis was training students to be the best clinical dentists possible. During his era, he inspired a congenial relationship between the faculty and students.

"The students were considered more as colleagues than as subjects then," said Dr. Morris. "I have fond memories of the cooperation between faculty and the respect given by students. I know the atmosphere has changed somewhat because of certain necessities, but I've always missed the days when the objective was to create the best clinical dentist that we could."

Dr. Morris believes dental students entering the profession now have remarkable opportunities, especially in the area of restorative dentistry. With improving technology, especially in the area of aesthetics, patient needs never seem to decrease even though the profession has made great strides in cavity prevention and disease control.

"It's an excellent time to be involved," said Dr. Morris. "But unfortunately the costs of operating a dental practice today are far in excess of what they used to be. For what I equipped my first office, today they will spend more than that in just one room."

But along with the positive aspects of dentistry, Dr. Morris is concerned about managed care and hopes the incentive in dentistry will return to producing excellent results. "I think this has gotten lost in the environment," said Dr. Morris. "I think that's a challenge for our young people, and I'm glad I don't have to face it."

Dr. Morris will be facing one decision: whether to go sailing or play golf. In the past, he's found his leisure time filled with one or the other, but never at the same time.

"I don't know if it's possible in retirement to do some of both, but I'm going to check into it and see if I can work that out," said Dr. Morris. ■

Dr. Erbland Comes Full Circle at MCG

Carole Jones Smith

When Dr. John Erbland joined the Medical College of Georgia School of Dentistry faculty in 1972, he was both part-time student and part-time faculty member.

He and four classmates comprised the school's fourth dental class.

"All five of us already had our Ph.Ds," said Dr. Erbland, Associate Professor of Biochemistry and Molecular Biology. "We came here to get our dental degree and teach. [MCG faculty] Norris O'Dell and Gary Whitford were also in that class."

Although moving from the Boston area to Augusta required an adjustment, seeing familiar faces at MCG eased the transition.

"When I was completing my Ph.D. in biological chemistry at the University of Rochester, all graduate students were required to teach a course," said Dr. Erbland. "But at that time, I didn't know I was teaching my future colleagues —Tom Dirksen, Louis Gangarosa, Ralph McKinney and Baldev Singh."

After teaching biochemistry for many years, Dr. Erbland, who retired June 30, considers his students to be his greatest source of pride.

"My greatest reward has been teaching students who developed an interest in this material and have realized its importance down the line," said Dr. Erbland.

In biochemistry, his research focused on lipid metabolism and the effect of carcinogens on its formation. Dr. Erbland attempted to instill in his students information useful in treating an aging population. Sometimes students found the material difficult.

"They would say their dentist did not use biochemistry," said Dr. Erbland. "In turn, I would ask them if their dentist used English or mathematics! I tried to explain that it was all part of their information base. I told them just because I didn't use every book in the library did not mean I could make the argument that I didn't need the library."

Dr. Erbland is proud to have contributed to his students' education and looks forward to their continuing friendship. He remembers being a dental student and, in fact, one of his fondest memories is his own graduation from dental school.

He also recalls when his office was a parking lot under the dental school.

"We were glad when they filled this area in and converted it into office space," said Dr. Erbland. "We were all afraid that some faculty members who kept hitting the support beams in the parking lot would cause the building to collapse."

As a retiree, Dr. Erbland is continuing his work with Habitat for Humanity, a non-profit organization that builds low-cost housing for the underprivileged.

"My church [St. Mary on the Hill Catholic Church] has built two homes for Habitat, and we're working on the second one now," said Dr. Erbland.

Also, he and his wife, Nancy , belong to the Augusta Genealogical Society. The couple plans to trace its family history by researching historical county records in New York and Pennsylvania. Travel time also will include visiting their six grandchildren. ■

Imagination is the Only Limit to Interactive Media

Christine Hurley Deriso

Imagine you've just been told you need gallbladder surgery.

This might well be the first time you've given your gallbladder a second—or maybe even a first—thought. What exactly is a gallbladder, anyway? What is its function? What will the surgery be like?

MCG Department of Surgery Chairman Tom Gadacz wanted an easy way for his patients to access such information. Sure, he's always available to answer questions, but he sensed that state-of-the-art computer technology could take his expertise one step further. That's when he approached the MCG Interactive Media Department.

The department, formed in January 1995 as a segment of the Division of Health Communication, consists of a project manager, medical illustrator and three multimedia specialists. Their goal is to convey information that can respond to the specific needs of the individual accessing it. For instance, the project the team just completed for Dr. Gadacz consists of a touch-sensitive screen that is user-friendly even for those who've never touched a computer. The screen is displayed in a kiosk in his waiting room. Patients can follow the screen's simple instructions to choose from options to obtain more information. A touch of the screen transports the patient to moving, computerized images that educate him about his upcoming surgery.

"It's pretty much a self-guided tour," said Stephen Williams, the department's medical illustrator and a winter 1997 graduate of the MCG Department of Medical Illustration. "We always have to keep the end user in mind. We don't want to insult people, yet we don't want to go way over their heads. Both the information and the flow have to be logical."

To the patient, the end result seems incredibly simple. But loads of manhours, artistic talent and computer expertise have contributed to it. The department's $150,000 worth of computer hardware and software enables the staff to create a dizzying array of moving, interactive visual information.

But the staff is quick to note that the computer equipment is only a tool. Talent is still essential. For instance, Mr. Williams needs the artistic ability to create the extremely lifelike anatomical illustrations often required at a medical school. But the computer eases his task significantly. "I incorporate my illustrations into our multimedia packages," he said. "My skills allow me to work totally on the computer without having to start on paper. You can't really replace the artistic background; you still need to know how to draw. But the computer is a great tool in the hands of an artist."

The equipment enables him to literally draw or even "paint" directly onto the computer. And because the information is stored, he can revise his work without having to start from scratch. The staff also can create 3-dimensional images, then go the extra step of setting the illustrations into motion, via the computer.

And although the start-up costs of such an operation are daunting, the department is ultimately a bargain, the staff insists. "Once the groundwork is laid, this is much cheaper [than traditional art costs]," Mr. Williams said. "We can work so much faster. And we can tailor our work to meet different budgets. If you have a certain amount of

Qiqien Chen demonstrates multimedia guide to laparoscopic gallbladder surgery.

money, we'll find something to fit that range."

The staff thinks virtually every field of health care can benefit from its services. They envision every waiting room having a touch-sensitive screen, such as the one they created for Dr. Gadacz, to explain medical procedures to waiting patients. Other applications include its use as a teaching supplement to students in the classroom and professionals in continuing education. The department's project manager, James Worth, works directly with researchers to help obtain grant funding for the service.

And the work gets more dazzling every day. Multimedia specialist Gary Chike (a 1993 graduate of the MCG Department of Medical Illustration) is working on a program that can, for instance, visually chart the journey of a white blood cell as it navigates its way through the blood stream. And the user can manipulate the program to view the journey from any angle.

"Whatever the imagination can come up with, we can probably create," Mr. Williams said. ■

MCG Student Receives Cytometry Award

Susan Yarborough

Laura Burney, a graduate student in the Medical College of Georgia Department of Medical Technology, is the recipient of a Young Investigator Award from the Clinical Cytometry Society. Ms. Burney received the award for her research project, "Cell Cycle Analysis of Embryonic Chick Hearts." It was presented at the 11th Annual Clinical Applications of Cytometry Meeting in Charleston, S.C., Aug. 21–25.

Cytometry, the measurement of the chemical and physical characteristics of cells, especially blood cells, is an important tool in clinical diagnosis. The Clinical Cytometry Society fosters continuing education in cytometric methods and promotes developing uniform standards to interpret and report results of cytometric tests.

Ms. Burney's research was done under the direction of William Wansley, Clinical Instructor in Medical Technology, and Dr. Lawrence J. Freant, staff pathologist at the Department of Veterans Affairs Medical Center. Equipment and facilities were provided by the Flow Cytometry Laboratory of the MCG Department of Anatomic Pathology. ■

MCG Student Wins Medical Illustration Award

Susan Yarborough

Hans Schuetze, a 1996 graduate of the Medical College of Georgia Department of Medical Illustration, has won the Orville Parkes Award (Best of Show) at the Association of Medical Illustrators Student Salon. The salon took place at the association's annual meeting in Cincinnati July 25-30. The award is named for Orville Parkes, who founded the MCG Department of Medical Illustration in 1950.

Mr. Schuetze's pen-and-ink illustration, titled *Cranio-Vertebral Stabilization,* was chosen from the more than 100 entries representing the six accredited schools of medical illustration in the United States. It was based on his observation of surgery performed by Dr. Dennis McDonnell, Chief of the Section of Neurosurgery at MCG. The entry also won an Award of Excellence, the equivalent of first place, in the medical line illustration category.

This is the second year in a row that a graduate from the MCG medical illustration program has won the Parkes Award. The 1995 award went to Galen McDaniel (MCG '95) for his illustration, *Clinical and Psychological Effects of Pinworms in Children.*

"We are extremely proud that one of our students has captured the Orville Parkes award these past two years," said Steve Harrison, Chairman of the Department of Medical Illustration. "The quality of the illustration work from all six schools is excellent and the competition is fierce." ■

Dr. Brann Named Editor

Dr. Darrell W. Brann, Associate Professor in the Department of Physiology and Endocrinology, has been appointed to the editorial board of the endocrine research journal, *Endocrinology.* His four-year term began Jan. 1, 1997. The journal, produced by the Endocrine Society, is based on Los Angeles. ■

Dr. Mahesh Presented Reproduction Award

Dr. Virendra B. Mahesh, Chairman of the Medical College of Georgia Department of Physiology and Endocrinology, has been awarded the Society for the Study of Reproduction's Carl G. Hartman Award, the society's highest award honoring an individual's career in reproductive biology.

The award was presented at the society's 29th annual meeting July 27-30 in London, Ontario. Dr. Mahesh also chaired a symposium featured during the meeting related to the field of reproduction. Also, three MCG research papers were presented at the meeting, and Drs. Darrell W. Brann and Lawrence B. Hendry, Associate Professors of the MCG Department of Physiology and Endocrinology, were invited symposia speakers. Dr. Brann also co-chaired a symposium. ■

Dr. Devoe Named Ob-Gyn Chairman

Toni Baker

Dr. Lawrence D. Devoe, Professor and Chief of the Section of Maternal-Fetal Medicine at the Medical College of Georgia, has been named Chairman of the Department of Obstetrics and Gynecology.

Dr. Devoe, who has served as Interim Chairman since July 1995, will retain his duties as Maternal-Fetal Medicine Chief.

"Dr. Devoe is a dedicated, progressive physician, educator and leader," said Dr. Darrell G. Kirch, Dean of the MCG School of Medicine. "His approachable manner and patient care skills combine to make him an excellent mentor for future physicians. At MCG he has been pivotal to the development of programs that meet the very specific and very real needs of Georgians, including our Perinatal Center, which integrates specialists in obstetrics with specialists in the care of the ill newborn to provide optimal care for those difficult situations when the mother, her unborn child or both may be in jeopardy."

Dr. Devoe is a 1970 graduate of the University of Chicago Pritzker School of Medicine who completed his obstetrics/gynecology residency and maternal-fetal medicine fellowship at Chicago Lying-In Hospitals and Clinics. He was a Captain in the U.S. Army Medical Corps at Fort Benning from 1971 to 1973.

He came to MCG from the University of Chicago in 1983 and was named section Chief a year later. He has been a consultant in

Dr. Lawrence D. Devoe

obstetrics for Dwight David Eisenhower Army Medical Center since 1983.

Dr. Devoe is former President of the Georgia Perinatal Association and the Southern Perinatal Association and a board member of the Society of Perinatal Obstetricians. He is an examiner for the American Board of Obstetrics and Gynecology. He is a member of the editorial board of *Journal of Reproductive Medicine* and an editorial consultant for the *Journal of Obstetrics and Gynecology* and the *American Journal of Obstetrics and Gynecology*. ■

Alumnus Named to Board of Directors

Dr. Donald E. Baxter ('69), an orthopedic surgeon in Houston, has been re-elected to the American Orthopaedic Foot and Ankle Society Board of Directors. Dr. Baxter was President of the society in 1995-96.

He is a member of the orthopaedic practice of Baxter, Clanton and Winston in Houston and is Clinical Professor of Orthopaedic Surgery at the University of Texas Medical School and Baylor College in Houston.

After completing his medical degree at MCG, Dr. Baxter completed an internship at Hermann Hospital in Houston, an orthopaedic surgery residency at the University of Texas Affiliated Hospitals in Houston and a foot and ankle surgery fellowship in Oakland, Calif. He is a member of the National Association of Coaches Silver Anniversary All-American Basketball Team and is the physician for the Houston Ballet and the Santa Monica Track Club. ■

Dr. Given Named Board Chairman

Toni Baker

Dr. Kenna S. Given, Chief of the Medical College of Georgia Section of Plastic and Reconstructive Surgery, has been elected Chairman-Elect of the American Board of Plastic Surgery.

He assumes a one-year term in May 1997 as Chairman of the national organization which grants certification to plastic surgeons.

Dr. Kenna S. Given

Dr. Given has been a board Director since 1992.

Also, Dr. Given has been elected to a one-year term as President of the American Association of Academic Chairmen in Plastic Surgery. He has been an association Director since 1993.

"I am honored and challenged by these opportunities to work with my colleagues from across the country in the discipline of plastic surgery. These are challenging times for the health care professions that make it even more important that we all work to ensure the quality of our clinical and academic practices."

Dr. Given is in his second year as Chairman of the Residency Review Council of the Accreditation Council for Graduate Medical Education and as Chairman of the Council's Plastic Surgery Residency Review Committee. He is Treasurer of the Educational Foundation of the American Society of Plastic and Reconstructive Surgeons and Vice President of the Southeastern Society of Plastic and Reconstructive Surgeons.

He is a 1964 graduate of Duke University School of Medicine who completed his plastic surgery training at Duke followed by a hand fellowship at the University of Louisville School of Medicine in Kentucky. He joined the MCG faculty in 1977. ■

Dr. Fincher Receives Teaching Award

Toni Baker

Dr. Ruth-Marie Fincher, Vice Dean for Academic Affairs at the Medical College of Georgia School of Medicine, is one of three teachers in the United States and Canada to

receive the 1996 Alpha Omega Alpha Distinguished Teaching Award recognizing medical education by gifted teachers.

Dr. Fincher's award from AOA, the national honor society for medicine, recognizes a senior-level faculty member in the clinical sciences. It was presented at the November meeting of the Association of American Medical Colleges in San Francisco.

Also, Dr. Fincher has been appointed to two-year terms as a member of the National Board of Medical Examiners and as Chairman of the board's Step 2 Test Material Development Committee.

The 80-member National Board of Medical Examiners establishes licensing policies for U.S. physicians. The board committee she now chairs develops questions for the portion of licensing exams taken by senior medical students. She has served as a committee member since 1992.

"Dr. Fincher's record as an educator speaks for itself," said Dr. Darrell G. Kirch, Dean of the MCG School of Medicine. "She was honored as the Medical Educator of the Year by our medical school's senior class a record-breaking eight years in a row beginning in 1986. Three classes have chosen her as their advisor for the latter three years of their education. Student members of AOA at the Medical College of Georgia unanimously voted to nominate her for this most recent award. Her enthusiasm for teaching has led to her significant involvement at a national level. These numerous honors and activities reflect Dr. Fincher's commitment to students, as does her demeanor each time she works with them."

Dr. Fincher is a 1974 graduate of Emory University School of Medicine. She completed her postgraduate training in internal medicine at Emory University Affiliated Hospitals. She joined the MCG faculty in 1984, was named Associate Dean for Curriculum in 1992 and Vice Dean for Academic Affairs in 1994. She was elected to membership in AOA as a faculty member in 1986.

Her research in medical education has explored topics such as why students choose a primary care specialty over others and methods for teaching and evaluating students' performance. ■

Alum Receives Bedside Teaching Award

Dr. Edwin Grimsley ('86), Deputy Director of Internal Medicine Education at Memorial Medical Center in Savannah, Ga., has received the 1996 J. Willis Hurst Bedside Teaching Award from the Georgia chapter of the American College of Physicians.

The chapter has presented the award annually since 1992.

Dr. Grimsley and his wife, Peggy Lee, have two children, Elizabeth Lee, 8, and Walker, 2. ■

Dr. Harper Dies at 85

Dr. Harry T. Harper Jr., Chairman of the Medical College of Georgia Department of Medicine from 1942 to 1944, died Aug. 24 at age 85.

Dr. Harper, a 1933 graduate of Emory University School of Medicine, completed a fellowship at MCG where he collaborated with Dr. William Hamilton on the first direct arterial recording of blood pressure in humans. After completing postgraduate study at Massachusetts General Hospital, he began a private cardiology practice in 1938. He was the first

Dr. Harry T. Harper Jr.

Georgia physician to specialize in cardiology.

After his chairmanship at MCG, he taught as a Clinical Professor of Medicine until 1982, when he was named Professor Emeritus by the University System of Georgia Board of Regents. From 1946 to 1976, he was a consultant to the U.S. Army Surgeon General, and in this capacity treated President Dwight D. Eisenhower after the President's heart attack while visiting the Augusta National Golf Club in 1965.

Before retiring from private practice in 1990, Dr. Harper was President of the medical staffs of both University and St. Joseph hospitals. He also served as President of the Richmond County Medical Society and as Chairman of the Richmond County Hospital Authority. He was a founder and past President of the Georgia Heart Association.

He was a fellow in the American College of Physicians, a Fellow and former Georgia Governor of the American College of Cardiology, a member of Alpha Omega Alpha Honorary Medical Society and a founder of the Paul Dudley White Society. He was a member of the American Medical Association, the Medical Association of Georgia, the Southern Medical Association and the American Heart Association, whose Richmond-Columbia County division named him its first Heart of Gold Award recipient in 1990.

Survivors include sons Dr. Harry T. Harper III, a 1966 graduate of the Medical College of Georgia School of Medicine, and William W. Harper. ■

Alumnus Named Department Chairman

Dr. Carl P. Weiner ('77) has been named Professor and Chairman of the University of Maryland Medical Center Department of Obstetrics, Gynecology and Reproductive Services.

As Chairman, he plans to establish the Maryland Women's Center, including centers for advanced fetal care, high-risk pregnancy, advanced reproductive technology and postmenopausal care. He also will expand the University of Maryland Medical Center's accessibility with specialized obstetric/gynecologic services in the community.

Dr. Weiner will oversee a doubling of faculty in the department and construction of new labor and delivery suites, scheduled to open this fall.

Before moving to Baltimore, Dr. Weiner was Director of Maternal-Fetal Medicine at the University of Iowa Hospitals and Clinics and Professor of Obstetrics and Gynecology at the University of Iowa College of Medicine. In 1984, he began one of the first multidisciplinary fetal diagnosis and treatment units in the country. ■

Nursing

Dr. Lambert Re-Elected Board President

Dr. Vickie A. Lambert, Dean and Professor of the Medical College of Georgia School of Nursing, has been elected to a third term as President of the Georgia Board of Nursing. Dr. Lambert first was appointed to the board in 1991 by Georgia Gov. Zell Miller.

The board monitors all nursing education programs in Georgia and oversees licensing and regulation of the state's more than 75,000 nurses.

Dr. Lambert also is President of the Southern Council of Collegiate Education for Nursing.

Ms. Goforth Named NICU Nurse Manager

Mary Lynn Goforth, an alumna of the Medical College of Georgia School of Nursing with 10 years of experience as a nursing director, has been named Nurse Manager of the 36-bed Neonatal Intensive Care Unit at the MCG Children's Medical Center.

Mrs. Goforth has spent the last 10 years working with women and children at University Hospital, first as Director of Telemetry/ Pediatrics, then as Director of Maternal, Newborn and Pediatric Services and finally as Director of the Women's Center.

Her experience also includes nine years as an administrative house supervisor for nursing at

Mary Lynn Goforth

MCG Hospital and Clinics and as a head nurse in pediatrics at MCG and four years as head nurse of the Newborn/NICU Nurseries at University Hospital. She earned her bachelor of science degree from the MCG School of Nursing in 1979.

The NICU at the MCG Children's Medical Center provides intermediate and critical care to premature and other critically ill newborns. ■

Faculty Receiving Multimedia Training

Susan Yarborough

Faculty from the Medical College of Georgia Schools of Allied Health Sciences, Dentistry and Nursing are receiving training in distance-learning and multimedia instructional technology through the University System of Georgia.

Dr. Virginia Allen in the Department of Occupational Therapy, Martha Tingen in the Department of Adult Nursing and Dr. Carol Lefebvre in the School of Dentistry will participate in the Connecting Teachers and Technology Faculty Development Workshop sponsored by the University System of Georgia Board of Regents Office of Information Technologies.

Dr. Sharon Martin in Department of Medical Technology, Dr. Tom Stec in the Department of Physical Therapy and Dr. Ken Wessling in the Department of Physical Therapy have been selected for the Governor's Teaching Fellows Program. The program is conducted by the University of Georgia Office of Instructional Development.

The Faculty Development Workshops and the Governor's Teaching Fellows Program are both designed to promote excellence in instruction in Georgia's colleges and universities by helping faculty integrate technology with the learning environment. Participants must be nominated by their Chairmen departments and recommended by the President. ■

Researchers Help Nurses Fine-Tune Career Choices

Christine Hurley Deriso

Considering how diverse nursing is, newcomers to the field might understandably be overwhelmed by their options. Should you work in a hospital? A community setting? With critically ill patients? Children? The elderly? And once you make a decision, are you stuck for life?

Drs. Kathryn Rufo and Saundra L. Turner, faculty members at the Medical College of Georgia School of Nursing, gave nurses tips on fine-tuning their career decisions during the 1996 Georgia Nurses Association Convention Oct. 15 in Augusta.

"The way you see your career goals very much depends on how well you know yourself," said Dr. Rufo, who along with Dr. Turner recently researched the topic. "And whereas you may know what your career goals are now, they may be different nine months from now or a year from now."

The researchers discussed several instruments to help narrow down one's areas of interest. For instance, one instrument helps determine personality type. Are you an introvert or extrovert? Tactile or intuitive? A thinker or a feeler? These insights help determine whether a nurse would, for example, feel more at home at a bedside than a classroom or research lab.

But Drs. Rufo and Turner stressed that people's personalities are not carved in stone and often change with age. "In the beginning of our career, we tend to look around a lot—to look at who we are and where we are in our life," said Ms. Turner, who is President of District 10 of the Georgia Nurses Association. People in their 30s become more comfortable and competent with their lives and their roles. And at around age 45, complacency often gives way to risk-taking.

"You reach a point where you think, 'Am I going to continue to grow, or am I going to stagnate?'" Dr. Turner said. "Many revamp at this point and take more risks."

Dr. Turner noted that she faced such a crossroads and made the drastic decision to return to clinical work rather than work strictly in academia. She since has furthered her education to become a nurse practitioner.

The nurses stressed that regardless of the choices nurses make, they must be flexible and adaptable throughout their

careers, particularly in this day of downsizing and changes in health care delivery. They urged nurses to gain experience in other fields throughout their careers and to dabble in areas outside their expertise.

"Negotiate with your head nurse or supervisor about ways to gain experience outside your field," Dr. Turner said.

And nurses should make a priority of enjoying their lives—both at work and at home. The researchers noted that a recent study of uncommonly successful people found that whereas 100 percent of those people are successful money makers, only half are satisfied with their jobs and a mere 10 percent are satisfied with their personal lives. "We want you to be a part of this 10 percent," Dr. Rufo said. ■

The School of Nursing hosted an open house Oct. 25 to inform the public about educational opportunities at the school.

Pre-registration Form for Homecoming 1997 Events

NAME

SPOUSE/GUEST NAME

I would like to attend the following events:

Please mail this form to: ***MCG Alumni Center, FI-1053, Augusta, GA 30912.***

...continued from page 11

MCG Foundation Board of Directors' Meeting
Old Medical College
598 Telfair Street
1 p.m.

President's Reception
Home of Dr. and Mrs. Francis J. Tedesco, 920 Milledge Road
3:30 to 5:30 p.m.

School of Medicine Class Reunions
All reunions to be held at the Radisson Riverfront Hotel, 2 Tenth Street, except for Class of 1947, to be held at the home of Drs. Carol Pryor and Louis Manganiello, 656 Milledge Road.
6 to 7 p.m. social hour and 7 p.m. dinner
Cost: To be announced

Reunions to be held separately for each class; group reunion photos to be taken of each class between 6 and 7 p.m.

Reunion classes include: 1947, 1952, 1957, 1962, 1967, 1972, 1977, 1982, 1987 and 1992. Also there will be a dinner for alumni who are not having a class reunion this year.

Homecoming Dance at the Radisson Riverfront Hotel
Featuring the band, U.S. Beat
9:30 p.m. until
Cash bar

Sunday, May 4

School of Medicine memorial service for alumni who passed away this year, hosted by the Alumni Association of the School of Medicine
Old Medical College/Solarium
598 Telfair Street
10:30 a.m.

Annual Emeritus Club Luncheon of the Alumni Association of the School of Medicine
Old Medical College/Ballroom
598 Telfair Street
11:30 a.m.
Cost: $20

Accommodations for out-of-town guests

Hotel room blocks have been established at a variety of hotels in Augusta for MCG alumni. Alumni are responsible for contacting the hotels directly for overnight accommodations. Participating hotels include:

Radisson Riverfront Hotel
2 Tenth Street
706-722-8900

Partridge Inn, 2110 Walton Way
706-737-8888

Telfair Inn, 326 Greene Street
706-724-3315

Sheraton Augusta Hotel
2651 Perimeter Parkway
706-855-8100

Radisson Suites Inn
3038 Washington Road
706-868-1800 ■

Deadline for submitting information for publication in the spring issue of AlumNews is Feb. 14, 1997.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Class Notes

Obituaries

Dr. Jesse Lindsey Hunt Sr. ('55), Brunswick, Ga., died in June 1996 at age 71. Dr. Hunt opened his medical practice in Brunswick in 1956 and was on staff and head of the emergency room at Southeast Georgia Regional Medical Center for several years. He co-founded Glynn Immediate Care Center. He operated a clinic on Sapelo Island for several years before retiring in 1991. Survivors include his wife, Eleanor, three children and two stepchildren. ■

AlumNews

Editor Christine Hurley Deriso
Writers Toni Baker
Christine Hurley Deriso
Carole Jones Smith
Susan Yarborough
Design Brent Burch
Photography Phil Jones

...continued from page 10

takes a special effort to do that. He's not your mainstream, Bible-talking, stiff Baptist. He's got a simple, real, everyday faith that comes out in a lot of different ways. He really does not make a lot of fuss, but yet he does so much."

For Kelley to have accomplished his goals, Eric noted he maintained strict daily regimens.

"He would go to class, then go to the library and study until 5 p.m.," said Eric. "At 5 p.m. every day, he would work out and run, eat supper and then return to the library for more studying until midnight. You could almost set your clock by him."

His perseverance paid off. Elected as SGA president his last year of medical school, Kelley's responsibilities have increased, but not his ego.

"With his humbleness and compassion, I believe he has the respect of his peers, faculty and administration," said Dr. Butterbaugh. "I think he's viewed by everyone in our campus community as a leader."

Dr. Butterbaugh was especially impressed with Kelley's participation in the Board of Regents' Student Advisory Council meeting this summer. The council, composed of SGA Presidents from the state's 34 institutions, advises the Board of Regents on student issues.

"The meeting was held on Jekyll Island only a few days before Kelley had to take Step II of the National Board Exams," said Dr. Butterbaugh. "Kelley would attend the meetings, and then go back to his hotel room and study virtually all the remaining hours of the day and night. He's one highly dedicated individual."

Dr. Michael W. Felz, Assistant Professor of Family Medicine and Kelley's advisor, agrees. "He has an humbleness about him, and he's quiet and soft-spoken," said Dr. Feltz. "These are qualities I don't see often exhibited in medical students. With the leadership he's demonstrated on campus, he possibly will be one of the future pioneers in medical mission work. He has the ability to pull people together to accomplish a common task."

Kelley credits MCG for offering a superb medical education, much better, he believes, than that of many higher-priced medical schools. "I have a friend who goes to another nearby medical school and when he graduates, he will owe over $200,000 in loans," said Kelley. "MCG graduates who receive government loans will only owe a fraction of that amount."

Following graduation, Kelley hopes to complete a residency in family medicine. Beyond that, his plans are uncertain.

"I'd like to do full-time mission work for a while, but I'm not sure," said Kelley. "If I thought I could work in a mission hospital where I was effective in spreading the gospel, I'd love to do it."

For now, Kelley is content living each day like it was his last—a philosophy he learned from his friend, Dale Billew, a deceased minister from Commerce, Ga.

The Rev. Billew lived a rather colorful life before entering the ministry. After becoming ill and receiving a heart transplant, he turned his life around and began manifesting his religious beliefs by sharing his love with people.

"He was an awesome guy," said Kelley. "If anybody in my life influenced me the most, I'm sure it would be him."

Living every day like it was the last is the message Kelley strives to convey to his younger brother in hopes that he will turn his life around and perhaps one day have a compelling testimony like that of the Rev. Billew. Kelley thinks his family experiences have enhanced his compassion and empathy for others, an attribute he plans to draw on in mission work and medicine.

"Kelley exemplifies what we expect the medical professional to be," said Dr. Butterbaugh. "He's made an impact, and I'm certain he'll continue to do so." ■

—CAROLE JONES SMITH

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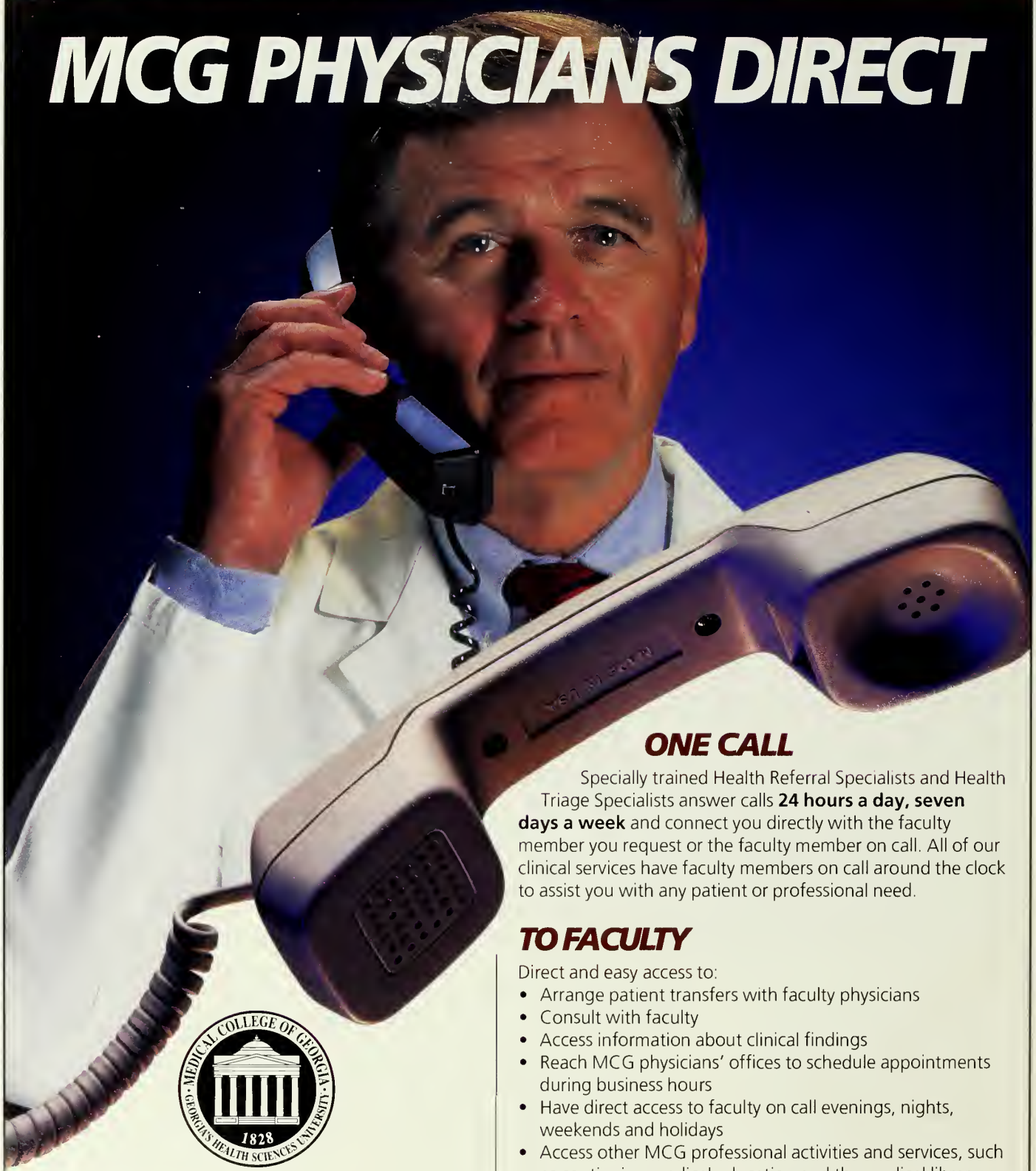

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- Access other MCG professional activities and services, such as continuing medical education and the medical library

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Meeting the Need

The Medical College of Georgia will coordinate a statewide initiative to match health care professionals with medically underserved communities with a $3.5 million dollar grant from the federal Department of Health and Human Services.

The initiative includes establishing two new regional centers in north Georgia and continuing to support an established center in west central Georgia.

Studies show that most health care professionals practice in the same—or similar—community where they trained, said Denise D. Kornegay, Director of the Statewide Area Health Education Centers Program Office based at MCG. With that in mind, AHEC funds will be concentrated in medically underserved communities.

"The purpose of this program is to be community-owned and -driven," Ms. Kornegay said. "Our focus is the distribution and education of health care professionals, not the actual delivery of health care." Centers will work with community leaders to assess needs, then coordinate with existing educational centers, such as MCG, to meet the needs, using long-distance interactive technology such as distance learning and telemedicine.

Morehouse School of Medicine used federal seed money to spearhead Georgia's first Area Health Education Center in Atlanta in 1984, serving three Atlanta counties. In 1987, Morehouse opened a second center serving 39 Georgia counties. Mercer University School of Medicine in Macon received federal funding in 1994 to continue supporting a center begun by Morehouse in 1990 to serve 38 southwest Georgia counties and to establish a new center for 28 west central Georgia counties.

The AHEC grant awarded to MCG will establish, in cooperation with Mercer, two regional centers to serve the remaining 51 of Georgia's 159 counties and an MCG office to coordinate the statewide effort. The initiative is a collaborative effort between Georgia's health sciences universities and colleges as well as community and migrant health centers, public health departments, primary care centers, hospitals, secondary school systems and community groups.

The new northwestern regional center will be established in Rome; the northeast site is still undetermined. Centers will be governed by a non-profit board comprised of community residents. A statewide advisory council also will be established.

"The majority of AHEC grant dollars will be expended directly in the communities to benefit local citizens," Ms. Kornegay said. Centers will have a health-career coordinator who will work with middle schools and high schools to help younger students learn about health career opportunities and to encourage them to follow appropriate academic tracks for their chosen profession. Tutoring will be offered to students who may not have graduated at the top of their class but can, with a focused effort in math or science, become competitive. Center staff also will work with hospitals with existing teaching programs where students get actual patient-care experience and help establish new sites where needed.

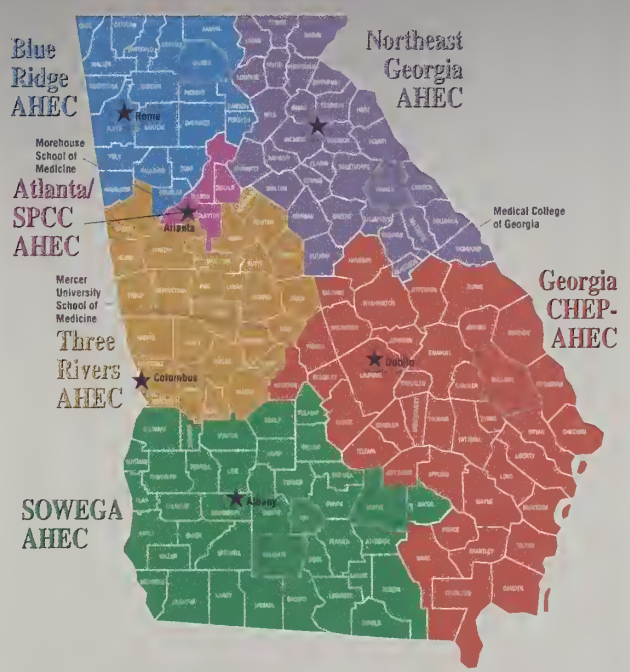
Ms. Kornegay stressed that the standards for education won't change, only the approach to it.

"In addressing the need to improve distribution, we have to look at what the barriers are," she said. "It may be that someone from Pickens County can't always pick up and move to Augusta for two years then be expected to move back to Pickens County.

"We're really talking about proficiency, utilizing resources and technology to the best of our ability," she said. "Our blue sky here is that students would be able to gain their didactic education through distance learning and not have to relocate to Augusta at all."

—TONI BAKER

Georgia Statewide AHEC Network



A partnership coordinated by the Medical College of Georgia and Mercer University School of Medicine

Coming Home

Dr. James W. Smith

Dr. James W. Smith never wandered far from the town where he took his first steps.

"Listen, I was raised in the best place with the best attention with the right folks. I couldn't have lit in a better place if I'd picked it out and had 20-20 vision. It was just a garden spot at the right time for us folks."

It was Manchester, Ga., a small town in the rolling foothills of Pine Mountain that got its start because the trains needed some place to refuel before heading up the mountain.

It was the place where his father, James W. Smith Sr., came in 1911 and later married Florine Crawford.

James Sr., a pharmacist, became a partner in the town's drugstore when the town was only a couple of years old and Mr. Smith wasn't very old himself. "Nervy? Yes. But at 21 or 22 years old, you do things like that," his son said.

Mr. Smith would become many things. He had an outdoor advertising business; he sold candy cigarettes and cigars wholesale; he had an RC Cola plant; he handled the concessions for Callaway Mills in Manchester, LaGrange and Hogansville. At one time he owned a Ford dealership; he was on the bank board and President of the Kiwanis Club. And he loved his son. "Of course, my mother thought I was perfect, but my daddy had better insight."

In those days, Franklin Delano Roosevelt was a frequent visitor to the soothing waters of nearby Warm Springs. "He loved milkshakes and they had a soda fountain in my daddy's drugstore," Dr. Smith said. When Dr. Smith's father introduced himself to President Roosevelt, the President, for some reason, called him Jasper. "To this day, there are a few people who call me 'Little Jasper' in Manchester," Dr. Smith said.

At the same drugstore where the President had his milkshakes, townsfolk would gather in the evenings around a small radio broadcasting the baseball game. One person would listen on headphones, then write the happenings on a blackboard for all to see.

It's not that everything was perfect. The Depression made hard work a daily reality, even for the children. But life was good, very good.

And it didn't take 'Little Jasper' long to decide that he wanted to be a part of Manchester's future.

"My father, deep down, wanted me to study medicine," Dr. Smith said. "Now, he would never admit that. But when I told him at about age 16 that was what I was going to do… he took me aside and said, 'Son, I want you to know that there are a lot of things I could tell you to do that would be easier and you could make more money at than studying medicine.' He says, 'Now don't be embarrassed if you want to change your mind.'

"And I said, 'You don't have to worry about me changing my profession. It's just how soon I can get out of here and get to school.'"

Dr. Smith left his garden spot in the late 1940s to study his chosen profession. "It wasn't the Medical College of Georgia then. It was the University of Georgia School of Medicine. But after seeing me for a year, they changed

the name."

The first year after medical school he spent training further in general practice in Macon. Dr. Smith considered practicing surgery, "but you see, my hero was Dr. James Andrew Johnson Sr. and he didn't do [surgery]," Dr. Smith said.

Dr. Johnson, a Manchester physician, delivered Dr. Smith; years later, Dr. Smith would bury him. "He knew everybody and everybody knew him and loved him. He knew the families. His wife baked cakes."

So like Dr. Johnson, Dr. Smith, now 70, hung his shingle in the town he loved and he never left.

These days he worries about his town. Many of the young people leave. Many of the children are raised by folks other than their parents. He worries that there's no four-lane highway or airport. He worries that towns such as his may not have the volume of patients it takes to meet the profit margins of managed care.

But he also believes in Manchester and its future.

That's why two years ago he joined the board of Three Rivers Area Health Education Center, which serves 28 west central Georgia counties including his. Strategic AHECs across Georgia reach out to students and communities in an effort to match health care professionals with the communities that need them.

Someone asked Dr. Smith once what he'd say to doctors who think medicine in a small town isn't the big time.

"I told him, 'Well, I wanted to be a success and I didn't want to be a success with a bunch of strangers. I wanted to be a success among the folks who knew me and know about me. If I'm not a success here, I'm not a success anywhere.'"

"Listen to Dr. Smith," said Dr. Brian S. McCluskey, the 34-year-old President of Rehabilitation Services of Columbus, Inc. and Chairman of the Board of Three Rivers AHEC. "That's a perfect example of why I think health care has to be community-based. No group of people has ownership over and knows what they need more than the people themselves in the community."

PHOTOGRAPH BY JIM CAWTHORNE

Dr. Brian S. McCluskey

Dr. McCluskey's never wandered far from home himself. He's an exercise physiologist who directs a busy family-owned business started by his father, a physical therapist, some 40 years ago that now operates in three states. But as he tended to the family business, he began to worry about the bigger picture of health care.

"I don't have the years of wisdom Dr. Smith has, but it didn't take me long to see that we do have a distribution problem in health care in the state of Georgia. You just look at the demographics of the patients who come to our clinic in Columbus. People will drive over 50 miles to come to even an ancillary provider like physical therapy," Dr. McCluskey said.

The people who can make the trip, that is. Many can't drive to Columbus once a week, never mind three times. "We do the best we can. Every patient [is given] a 1-800 number and a home exercise program that they can do in their own time, in their own place with equipment they have access to." That's not the way Dr. McCluskey prefers to do business, but it's reality.

He says its time for health care to respond to reality, and that won't be easy. There are ironies such as the fact that it's more expensive, but less lucrative, to establish a practice in a rural area than an urban one.

"[But] I don't think we can count on patients walking through our doors anymore. We've got to be creative and figure out ways to package our services and make them available to people. Every community is different. If we can do a good job of evaluating the needs in different places, I think there are a lot of business opportunities in the counties of our Three Rivers area."

And that's why he was intrigued nearly four years ago when Jan Pittman, Director of the Three Rivers Area Health Education Center, came to him to talk about being a founding board member .

"I think the problems that we have in health care in Georgia are not limited to any one region; they are statewide problems," said Dr. McCluskey. "It makes sense in these kinds of efforts that we have some synergy. Hopefully the legislature will recognize the value of what AHEC can accomplish and will help support that."

The value of the work prompted Dr. McCluskey recently to accept a second term as Chairman of the Three Rivers Board. "AHEC is successful now and it will continue to be successful ... and the reason the statewide model is going to be successful is because the product is a good one; it makes a lot of sense and there are good people buying off on this."

Alice Wade is one of the many people who does the selling.

"If [I'm talking to a teacher in] Manchester and she says, 'Gosh, I wish we could do so-and-so,' we try to come up with ideas to make it possible," said Mrs. Wade, who brought a background in dental hygiene and education to her job as Health Careers Coordinator for Three Rivers AHEC. She also listens to young people. When she finds students thinking of careers as a basketball star or famous artist, she tells them

about the practical applications of sports medicine or medical illustration.

"In the past two years, Alice has personally interacted with more than 10,000 middle-school age children," Dr. McCluskey said. Mrs. Wade visits students from kindergarten to college. "She's put together a wonderful publication that describes all the different career choices in health care," he said. "It gives salary ranges, educational requirements, how long it takes to get that degree, the kind of setting they work in typically and so on."

She's also helped start a camp that gives middle-school children in Muscogee and Harris Counties a weeklong intense overview of health careers. Campers shadow health professionals and do self-evaluation and exploration activities to see how they match up with different career options.

"It was good for me to be where I could have exposure to a lot of different jobs and a lot of different people," said camper Audrey Davis, a student at Columbus High School who lives just outside Columbus in Midland.

Audrey wants to be a doctor, and she considers her family's middle-class resources no obstacle. "I know if I want to go to Harvard, my parents are not going to just scribble out that $30,000 or $35,000 check and send me on my merry little way with two suitcases. So I'm trying to do what I can to help myself." The list of scholarships she got at AHEC's summer camp was a step in that direction.

"I want to do something I can do, that I have the ability to do, rather than picking any old job on the street," Audrey said.

Listening to Dr. Smith talk about his life and times, Audrey considers his example inviting. "I think I would like to be a Dr. Smith. Not just a doctor."

That's just what C. Robert Koon likes to hear.

"There are two Georgias, literally. I don't care who says there aren't," said Mr. Koon, retired Chief Executive Officer of Swift Textiles, the world's largest manufacturer of blue denim. "You get outside the three or four urban areas in Georgia and it's a different world out here," he said from the Backroom Deli & Grill, son Keith's, restaurant in downtown Talbotton.

"I could sit down here, take the economics or the demographics of most of the small counties in Georgia and tell you what needs to be done without ever leaving this room."

Talbotton is 15 miles south of Manchester and about a half-hour's drive from Columbus. Mr. Koon grew up in Columbus and bought property in Talbot County about 26 years ago. A few years before he retired, he moved to the 135-acre ranch because he loves much about rural life; now he's working to improve what he doesn't.

"I think I would like to be a Dr. Smith. Not just a doctor."

There are hard realities, such as the fact that nearly half the adults age 25 and older in Talbot County don't have a high school education. "So you say you want jobs, but you have to have the basic skills to support jobs. A lot of these people are unemployable.

"There's very little industry here," he says. "Timber is a huge industry, but it's fragmented. Martin Marietta has a rock quarry. Atlanta has been

Audrey Davis

C. Robert Koon

concreted with sand from Talbot County for the last two years. But the natural resources have been the industry. There is no manufacturing industry in the county."

As go education and business, so goes health care, he said. And Mr. Koon knows a thing or two about health care. He's spent some 15 years on the board of the Columbus Regional Foundation, the fund-raising arm of Columbus Regional Healthcare, a consortium that grew out of Columbus Medical Center.

His strong ties with Columbus Regional Healthcare have helped Talbot County participate in numerous initiatives such as a mobile van for health care screenings. "You've got kids in the school out here who are probably as high up as middle school and that medical van is the only medical service they've ever seen in their life. We found a number of serious, a couple of life-threatening situations just doing routine examinations," Mr. Koon said.

"You bypass primary care and you go from [healthy] to tertiary care, and that's where your costs just escalate through the roof. The best way to cut medical costs significantly is to get the people in rural areas some health maintenance. We are not going to bring all these people to the mountain; we are going to have to get services out to where the people are. We are going to have to have healthcare professionals who are willing to locate in those areas and be the catalyst for making these things happen."

He finally found a catalyst in Dr. Buelette Hooks, who's starting a practice in Talbot County. Dr. Hooks, Chief Resident in family medicine at Mercer University School of Medicine, grew up not too far away in the small town of Montezuma. In mid-October, the town's new medical building , another part of Columbus Regional Healthcare outreach initiatives, was slated to be ready whenever she was.

But Mr. Koon's own days as a catalyst are hardly over. "I feel like you are almost a criminal if you sit here and you see it and you've got the contacts and you know something might not happen if don't do it and you do nothing.

"I'm more bullish on Talbot County today than I've ever been and more bullish than most people have been in a long time. I think you have to take your blinders off, get your cataracts taken off where you can see clearer, out further, and create a vision. Progress is nothing but somebody's vision made into reality by aggressive people making it happen."

—TONI BAKER

Chan
His

A one-lane road just outside of North Augusta, S.C., wends its way through a tangle of pines to the home of Dr. Mercer Bridges and his wife, Ellen. The couple's bucolic spread includes a half-acre vegetable garden, a well-tended yard and a home that houses, among other things, a mint-condition Feurich grand piano and a vast collection of classical music. The setting's combination of rustic charm and cosmopolitan sophistication is a comfortable blend for Dr. Mercer. He was born to it.

Dr. Bridges, a 1963 graduate of the Medical College of Georgia School of Medicine who retired from Orthopaedic Associates of Augusta in 1986, might find it ironic that so much of his childhood has followed him into retirement. As a young adult, he was decidedly ready for a change of scenery.

It isn't that he didn't love his childhood; he did. But as childhoods go, it was…well…a little labor-intensive. Dr. Bridges was the ninth of 14 children born in rural Brinson, Ga. His father was a farmer and doctor, scouring unpaved country roads to the homes of his sick, injured and pregnant patients. He worked virtually around the clock. In fact, when son Mercer was all of 12 years old, he and two older brothers were enlisted as his drivers. The boys would tool the family car from the home of one patient to the next while their dad snoozed in the passenger seat. It was often the only sleep their father got.

"Almost every night, we'd be awakened by a bam, bam, bam on the door and a 'Hey, Doc!' I never knew him to have a day off. That's probably why I ran from medicine."

But work certainly wasn't the Bridges children's only endeavor. Their mother instilled in them a deep love of music; she even recruited a college band director to their community to teach music. Her son, Mercer, was an avid student. "By college, I played violin and most band instruments," he says.

Despite his love of music, he felt compelled to follow in his father's footsteps. He majored in science at Furman University, making a sincere effort to overcome his distaste for the field. But it

sing Tune

didn't take. He soon switched his major to music. After graduating and serving as a night fighter pilot in the Marine Corps during World War II, he married and made a leap of faith that also served as a springboard far from the world of farming and medicine: "We moved immediately to New York," he says.

He and Ellen leased an apartment in Manhattan, where he was determined to make a living as a singer. He had no aspirations for fame; as the couple's three children came along in quick succession, his only motivation was to pay the rent while doing what he loved.

"I profited by the fact that I could sing both second tenor and baritone," he says. Contractors would call him when work was available, and he'd breeze out the apartment door and walk the block or two to the subway.

"The musicians went in, had an hour to polish and three hours to do recording work," he says. "It's a strange business. You might start a session at 2:30 a.m. after a singer finished his nightclub act."

His years of training proved invaluable. "You had to read music, because you had an hour to learn three or four pieces," he says. "If you couldn't read, you were sunk. You'd starve to death."

As his talent and professionalism became apparent, his reputation grew and the work poured in. He sang backup for other musicians, churned out commercial jingles and participated in corporate-sponsored "spectaculars." As the age of television blossomed, so did his career; he sang on Mitch Miller's and Sid Caesar's variety shows. His Southern accent proved something of an ice-breaker among New Yorkers, and he made lots of friends in the business.

"Being one of 14 children, I was used to the banter of people and having to adjust to a big group," he says.

But as his youngest child approached school age, Dr. Bridges began to have a change of heart about his career. "I remember thinking, 'If I die tomorrow, what will I have contributed? What lasting value has my life had?' I was dissatisfied," he says. Plus, "my children had never walked barefoot in the grass. It was no place to raise kids."

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So as decisively as he had walked away from his childhood world, he walked right back to it at age 39. After two years of part-time pre-med work, he applied to the Medical College of Georgia and was accepted. His colleagues were agog. "My cronies said, 'Man, you're crazy! You're broken in and now you're walking off from it!" But he felt completely at peace with his decision.

"The best things that ever happened to me happened when I was troubled," he says in retrospect. "I've had a lot of fortunate things happen that almost seemed to be not of my own doing—like I was meant to follow that path."

The Bridges family moved to Augusta. Ellen began teaching first grade to support the family during her husband's medical education, which the couple helped finance with residuals from commercials. He was an eager student whose rapport with his faculty was as comfortable and congenial as that with his fellow students, most of whom were some 20 years his junior. He graduated in 1963, then completed an orthopedics residency at MCG. He then signed on with Orthopaedic Associates of Augusta, where he spent what he calls the 20 most fulfilling years of his life.

"I never worked harder in my life than in the practice of medicine and I've never been happier," Dr. Bridges says. "If I had it to do over again, I'd claw and fight to go through orthopedics. Most orthopedists work when other people are playing—the longest stretch I ever worked without a break was 62 hours, and I was 59 at the time—but it's about as rewarding a specialty as anyone could have." He formed deep friendships with his patients, many of whom stay in touch with him to this day.

Dr. Bridges' specialty was total knee replacements, but he relished the challenge of all forms of surgery. "There was a tremendous amount of pre-op planning involved in total knee replacements," he says. "If I was going to do something in a particular area, I'd go spend time with the person with the most expertise in that area. Most innovations and complications take a couple of years to get into the literature, and I didn't have the time or patience for that."

And at the end of a long day at work, he always had his music to come home to. "I'd come home, put on a classical record and it was as if nothing had been bad that whole day."

Pediatric orthopedic surgeon Tom Bailey recalls what a stimulating colleague Dr. Bridges was. "He was just a joy to work with," Dr. Bailey says.

"The wild diversity of things he had done gave him a lot of insight about life."

But as much as Dr. Bridges enjoyed his work, by the mid-1980s, he was losing patience with third-party-providers' increasing intervention in medicine. When wife Ellen retired from teaching in 1986, her husband surprised her by following her lead. "How to drive your wife crazy in one day," she laughs about her initial reaction to his retirement. His only condition about retirement was that they move from their Augusta home to the country.

"I told Ellen, 'We've got to get out of town if you expect me to live any length of time.'" She happily complied, and as soon as they were settled on the outskirts of North Augusta, his bounteous garden sprang to life. He's a walking encyclopedia about his vegetables, and visitors are likely to walk away with bags full of okra, eggplant or whatever is in season. Their grandchildren are frequent visitors. None of his children strayed far from the example he set: two are physicians and one is a violin maker after spending five years training in Cremona, Italy.

He also continues performing as a singer, albeit on a smaller scale than he once knew. Church solos are his specialty these days, though his grandchildren can easily entice him to reel off an old commercial ditty. (*A hint of mint makes the difference—Newport filter cigarettes,* he croons cheerfully.)

He is heavily involved in charity work and performs physical examinations two mornings a week at Augusta Physical Examination Center Inc. But perhaps his greatest joy is classical music, which he listens to by the hour. "Music has enriched my life, he says. "I think practicing medicine would have been almost sterile without it." ■

—CHRISTINE HURLEY DERISO

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